

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000003936

**FILED**  
**Jan 21, 2010**  
**Secretary of State**

**Entity Name:** ZION HOPE MISSIONARY BAPTIST CHURCH OF FORT MYERS, FLORIDA, INC.

**Current Principal Place of Business:**

2424 BROADWAY  
FORT MYERS, FL 33901

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2133  
FORT MYERS, FL 33902

**New Mailing Address:**

P. O. BOX 2133  
FORT MYERS, FL 33902

**FEI Number:** 65-0487409

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOUSTON, GRACIE M  
7 EAST CLERMONT CT  
FORT MYERS, FL 33916 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MITCHELL, JOHN  
Address: 1514 LIVE OAK DR  
City-St-Zip: FORT MYERS, FL 33916

Title: TD  
Name: HARMON, ISAAC  
Address: 2635 LEMON ST.  
City-St-Zip: FT MYERS, FL 33916

Title: T  
Name: PLUMMER, GEORGE  
Address: 2240 BARDEN ST.  
City-St-Zip: FORT MYERS, FL 33916

Title: T  
Name: CROCKETT, THURMAN  
Address: 1682 HEIMAN ST.  
City-St-Zip: FORT MYERS, FL 33905

Title: T  
Name: JACKSON, MOSES SR  
Address: 2955 POWELL ST.  
City-St-Zip: FORT MYERS, FL 33901

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** JOHN H. MITCHELL

PD

01/21/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date