

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90075 001 ****70.00

DOCUMENT # N99000002376

1. Entity Name
ZION FELLOWSHIP INTERNATIONAL, INCORPORATED

Principal Place of Business 5688 REINKE DRIVE CRESTVIEW FL 32539	Mailing Address 5688 REINKE DRIVE CRESTVIEW FL 32539-8913
--	---

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number
59-3570042

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WIGGINS, PATRICIA A
5688 REINKE DRIVE
CRESTVIEW FL 32539

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City **FL** Zip Code _____

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
-------------------------------------	--	------------------------------------	--

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	WIGGINS, ALEX
STREET ADDRESS	5688 REINKE DRIVE
CITY-ST-ZIP	CRESTVIEW FL 32539
TITLE	D <input type="checkbox"/> Delete
NAME	WIGGINS, PATRICIA A
STREET ADDRESS	5688 REINKE DRIVE
CITY-ST-ZIP	CRESTVIEW FL 32539
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	BARROW, TIMOTHY
STREET ADDRESS	376 PANAMA DRIVE
CITY-ST-ZIP	CRESTVIEW FL 32536
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vieira, Christopher E.
STREET ADDRESS	108 Springwood Circle
CITY-ST-ZIP	CRESTVIEW, FL 32536
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Patricia A. Wiggins* Date: _____ Daytime Phone #: (850) 683-3795

CR2E037 (9/99)