

2000 UNIFORM BUSINESS REPORT (UBR)

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WIGGINS, PATRICIA A
5688 REINKE DRIVE
CRESTVIEW FL 32539

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		

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 or without like empowered.

SIGNATURE:

Patricia A. Wiggins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(850) 683-3795

CR2E037 (9/99)