2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004763

FILED Apr 14, 2007 Secretary of State

Entity Name: AMBASSADORS OF ZION MINISTRIES, INC.

Current Principal Place of Business: New Principal Place of Business:

6205 S DALE MABRY HWY TAMPA, FL 33611

Current Mailing Address: New Mailing Address:

PO BOX 130088 TAMPA, FL 336810088

FEI Number: 62-1781581 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BAILEY, DANA B PASTOR BAILEY, DANA B PASTOR 12017 ĆITRUS FALLS CR. #210 7813 PÁLMERA POINTE CIRCLE TAMPA, FL 33625 TAMPA, FL 33615 US

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: 04/14/2007

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

BAILEY, DANA B Name: BAILEY, DANA B Name: 12017 CITRUS FALLS CR. #210 Address: 7813 PALMERA POINTE CIRCLE Address:

TAMPA, FL 33615

City-St-Zip: TAMPA, FL 33625 City-St-Zip:

Title: VD () Delete Title: (X) Change () Addition BAILEY, TERESA M Name: Name: BAILEY, TERESA M

Address: 12017 CITRUS FALLS CR. #210 Address: 7813 PALMERA POINTE CIRCLE

City-St-Zip: TAMPA, FL 33625 City-St-Zip: TAMPA, FL 33615

Title: () Delete Title: SD (X) Change () Addition

PARKER, CARZET Q Name: HOYTE, ANGELA Name: 6102 WEBB RD #912 9411 BROOKS ST Address: Address: City-St-Zip: TAMPA, FL 33615 City-St-Zip: TAMPA, FL 33612

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TERESA M. BAILEY VD 04/14/2007