

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

4/28

FILED
May 22, 2003 8:00 am
Secretary of State

04-28-2003 90534 030 ****61.25
05-22-2003 90144 029 ****88.75

DOCUMENT # P02000110871

1. Entity Name
ZION ACADEMY FLORIDA INCORPORATED



Principal Place of Business
~~208 5TH AVE WEST~~ 5108 15th St E #20
BRADENTON FL 34207
Bradenton, FL 34203

Mailing Address
P.O. BOX 10446
BRADENTON FL 34282



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

33-1023882

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAYS, BERTHENIA OWNER

~~6808 A 5TH ST WEST~~ 6328 7th Ct E
BRADENTON FL 34207 34203

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Berthenia Mays

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME MAYS, BERTHENIA R
STREET ADDRESS ~~6808 A 5TH ST WEST~~ 6328 7th Ct E
CITY-ST-ZIP BRADENTON FL 34207 34203 ☐ Delete

TITLE VP
NAME MAYS, EUGENE T JR
STREET ADDRESS ~~6808 A 5TH ST WEST~~ 6328 7th Ct E
CITY-ST-ZIP BRADENTON FL 34207 34203 ☐ Delete

TITLE SEC
NAME CAMPBELL, JANINE
STREET ADDRESS 5723 2ND ST WEST
CITY-ST-ZIP BRADENTON FL 34207 ☒ Delete

TITLE TREA
NAME PITTS, AUDREY
STREET ADDRESS 1739 56TH TERR #D
CITY-ST-ZIP ST. PETERSBURG FL 33712 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE ~~President~~
NAME ~~Berthenia Mays~~
STREET ADDRESS ~~6328 7th Ct E~~
CITY-ST-ZIP ~~BRADENTON FL 34203~~ ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE Sec.
NAME AIFreida Parker
STREET ADDRESS 4515 26th St W #1804
CITY-ST-ZIP Bradenton FL 34207 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 807, 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

Berthenia Mays

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/6/03 (941) 739-1017

CR2E034 (10/02)