2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000033222

Address:

City-St-Zip:

612 NW 15 AVENUE

BOCA RATON, FL 33486

Entity Name: ZION BIRTHING MINISTRIES, INC.

FILED Apr 30, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 192 N. FEDERAL HWY. DEERFIELD BCH, FL 33441 **Current Mailing Address: New Mailing Address:** 192 N. FEDERAL HWY. DEERFIELD BCH, FL 33441 FEI Number: 65-0834651 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: SANDRA LAMBERT, P.A 370 W. CAMINO GARDENS BLVD., SUITE 117 BOCA RATON, FL 33432 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 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition MULLEN, CONNIE Name: Name: **612 NW 15 AVENUE** Address: Address: City-St-Zip: BOCA RATON, FL 33486 City-St-Zip: Title: STD Title: () Delete () Change () Addition Name: MULLEN, CONNIE Name: 612 NW 15TH AVE. Address: Address: BOCA RATON, FL 33486 City-St-Zip: City-St-Zip: Title: Title: VPT () Delete () Change () Addition MULLEN, JAMES Name: Name: **612 NW 15 AVENUE** Address: Address: City-St-Zip: BOCA RATON, FL 33486 City-St-Zip: Title: () Delete Title: () Change () Addition MULLEN, COURTNEY Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: CONNIE MULLEN PD 04/30/2002