

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90060 033 \*\*\*150.00

**DOCUMENT # P98000033222**

1. Entity Name  
**ZION BIRTHING MINISTRIES, INC.**



Principal Place of Business  
**308 NE 4TH ST**  
**BOCA RATON, FL 33486**  
**Delray Beach FL 33444**

Mailing Address  
**308 NE 4TH ST**  
**BOCA RATON, FL 33486**  
**Delray Beach FL 33444**

**94012568**



2. Principal Place of Business  
**308 NE 4 Street**  
Suite, Apt. #, etc.

3. Mailing Address  
**308 NE 4th Street**  
Suite, Apt. #, etc.

02062004 Chg-P CR2E034 (10/03)

City & State  
**DELRAY BEACH FL**  
Zip  
**33444** Country

4. FEI Number  
**65-0834651** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SANDRA LAMBERT, P.A.**  
**370 W. CAMINO GARDENS BLVD., SUITE 117**  
**BOCA RATON, FL 33432**

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

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 \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	MULLEN, CONNIE	
STREET ADDRESS	612 NW 15 AVENUE	
CITY-ST-ZIP	BOCA RATON, FL 33486	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MULLEN, CONNIE	
STREET ADDRESS	612 NW 15TH AVE.	
CITY-ST-ZIP	BOCA RATON, FL 33486	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	MULLEN, JAMES	
STREET ADDRESS	612 NW 15 AVENUE	
CITY-ST-ZIP	BOCA RATON, FL 33486	
TITLE	S	<input type="checkbox"/> Delete
NAME	MULLEN, COURTNEY	
STREET ADDRESS	612 NW 15 AVENUE	
CITY-ST-ZIP	BOCA RATON, FL 33486	
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 11**

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	
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 607, 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:** Connie R Mullen / Connie R Mullen 02/05/04 561-330-0993  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #