

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000033222

FILED  
Apr 07, 2009  
Secretary of State

Entity Name: ZION BIRTHING MINISTRIES, INC.

## Current Principal Place of Business:

4722 NW 2 AVENUE  
C-108  
BOCA RATON, FL 33431

## New Principal Place of Business:

## Current Mailing Address:

612 NW 15 AVENUE  
BOCA RATON, FL 33486

## New Mailing Address:

FEI Number: 65-0834651

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MULLEN, CONNIE  
Address: 612 NW 15 AVENUE  
City-St-Zip: BOCA RATON, FL 33486

Title: STD ( ) Delete  
Name: MULLEN, CONNIE  
Address: 612 NW 15TH AVE.  
City-St-Zip: BOCA RATON, FL 33486

Title: VPT ( ) Delete  
Name: MULLEN, JAMES  
Address: 612 NW 15 AVENUE  
City-St-Zip: BOCA RATON, FL 33486

Title: S ( ) Delete  
Name: MULLEN, COURTNEY  
Address: 612 NW 15 AVENUE  
City-St-Zip: BOCA RATON, FL 33486

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

SIGNATURE: CONNIE R MULLEN

PD

04/07/2009

Electronic Signature of Signing Officer or Director

Date