

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90221 019 ***150.00

DOCUMENT # P98000033222

1. Entity Name
ZION BIRTHING MINISTRIES, INC.



Principal Place of Business
**192 N. FEDERAL HWY.
DEERFIELD BCH FL 33441**

Mailing Address
**192 N. FEDERAL HWY.
DEERFIELD BCH FL 33441**



2. Principal Place of Business

308 NE 4th Street

Suite, Apt. #, etc.

3. Mailing Address

308 NE 4th Street

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Delray Beach FL

City & State

Delray Beach FL

4. FEI Number

65-0834651

Applied For

Not Applicable

Zip

33486

Country

Palm Beach

Zip

33486

Country

Palm Beach

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, 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

TITLE **PD** ☐ Delete
NAME **MULLEN, CONNIE**
STREET ADDRESS **612 NW 15 AVENUE**
CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE **STD** ☐ Delete
NAME **MULLEN, CONNIE**
STREET ADDRESS **612 NW 15TH AVE.**
CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE **VPT** ☒ Delete
NAME **MULLEN, JAMES**
STREET ADDRESS **612 NW 15 AVENUE**
CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE **S** ☐ Delete
NAME **MULLEN, COURTNEY**
STREET ADDRESS **612 NW 15 AVENUE**
CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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 MULLEN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/14/03 561 330-0993

Date

Daytime Phone #

CR2E034 (10/02)