

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000010339

**Entity Name:** ZION HOUSE OF PRAYER, INC.

**Current Principal Place of Business:**

44 S LANCELOT AVE  
ORLANDO, FL 32835

**Current Mailing Address:**

4107 EL REY ROAD  
ORLANDO, FL 32808 US

**FEI Number:** 90-0139936

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

BORDE, RUSSELL  
44 S LANCELOT AVE  
ORLANDO, FL 32835 US

*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

**Officer/Director Detail :**

Title P  
Name BORDE, RUSSELL  
Address 1425 AZALEA WAY  
City-State-Zip: WINTER GARDEN FL 34787

Title VP  
Name BORDE, CLAUDIA  
Address 1425 AZALEA WAY  
City-State-Zip: WINTER GARDEN FL 34787

Title OFFICER  
Name ST LOUIS, GLADIMY  
Address 2624 SILKWOOD CIRCLE  
617  
City-State-Zip: ORLANDO FL 32818

Title TREASURER  
Name ST LOUIS, FARAH  
Address 2624 SILKWOOD CIRCLE  
617  
City-State-Zip: ORLANDO FL 32818

Title OFFICER  
Name MCGRUDER, JASON  
Address 5020 ROSAMOND DRIVE  
2613  
City-State-Zip: ORLANDO FL 32808

Title SECRETARY  
Name MCGRUDER, JOY  
Address 5020 ROSAMOND CIRCLE DRIVE  
2613  
City-State-Zip: ORLANDO FL 32808

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** RUSSELL BORDE

**PASTOR**

**03/09/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date