

**2023 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: No**

**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 44 S. LANCELOT AVE.  
City-State-Zip: ORLANDO FL 32835

Title VP  
Name BORDE, CLAUDIA  
Address 44 S. LANCELOT AVE  
City-State-Zip: ORLANDO FL 32835

Title OFFICER  
Name ST. HILAIRE, PAUL  
Address 6173 RALEIGH ST.  
APT. 1714  
City-State-Zip: ORLANDO FL 32835

Title TREASURER  
Name ST HILAIRE, MIDLINE  
Address 6173 RALEIGH ST  
1714  
City-State-Zip: ORLANDO FL 32835

Title SECRETARY  
Name BORDE, JOY  
Address 44 S LANCELOT AVE  
City-State-Zip: ORLANDO FL 32835

*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: BORDE, RUSSELL**

**P**

**03/11/2023**

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

\_\_\_\_\_  
Date