

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

DOCUMENT# N98000003936

**Entity Name:** ZION HOPE MISSIONARY BAPTIST CHURCH OF FORT MYERS, FLORIDA, INC.

**FILED**  
**Mar 25, 2020**  
**Secretary of State**  
**9602063961CC**

**Current Principal Place of Business:**

2424 BROADWAY  
FORT MYERS, FL 33901

**Current Mailing Address:**

P. O. BOX 2133  
FORT MYERS, FL 33902

**FEI Number: 65-0487409**

**Certificate of Status Desired: No**

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

HOUSTON, GRACIE  
7 EAST CLERMONT CT  
FORT MYERS, FL 33916 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: GRACIE HOUSTON**

**03/25/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name WATKINS, SAMUEL B. JR.  
Address P. O. BOX2133  
2447 DUPREE ST.  
City-State-Zip: FORT MYERS FL 33916

Title VP  
Name CROCKETT, THURMAN  
Address 1682 HEIMAN ST.  
City-State-Zip: FORT MYERS FL 33905

Title D  
Name WATKINS, SAMUEL REV.  
Address P. O. BOX 2133  
2447 DUPREE ST.  
City-State-Zip: FORT MYERS FL 33902

Title S  
Name NEAL, ELI JR.  
Address 3709 10TH ST. W.  
City-State-Zip: LEHIGH FL 33971

Title D  
Name SANDERS, MATTHEW  
Address 1783 SHOEMAKER BLVD.  
City-State-Zip: FORT MYERS FL 33916

Title D  
Name TYRE, ARTHUR  
Address 1437 BROOKHILL DR.  
City-State-Zip: FORT MYERS FL 33916

Title D  
Name HOUSTON, GRACIE  
Address 7 EAST CLERMONT CT  
City-State-Zip: FORT MYERS FL 33916

Title VP  
Name PLUMMER, GEORGE  
Address 2240 BARDEN ST.  
City-State-Zip: FT. MYERS, FL. 33916 FL

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*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: GRACIE HOUSTON**

**REGISTERED AGENT**

**03/25/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           NEAL, ELI JR.  
Address           3709 10TH ST. W.  
                  P. O.BOX 36  
City-State-Zip: LEHIGH ACRES FL 33970