

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2006 8:00 am
Secretary of State

01-18-2006 90024 011 ****70.00

60003190



DOCUMENT # N05000007412 1. Entity Name FOR ZIONS SAKE MINISTRIES, INC.					
Principal Place of Business 2095 SW 166TH AVE. MIRAMAR, FL 33027-4492			Mailing Address 2095 SW 166TH AVE. MIRAMAR, FL 33027-4492		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01142006 Chg-NP CR2E037 (11/05)	
4. FEI Number				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$8.75 Additional Fees Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KOSAK, GARY F 2095 SW 166TH AVE. MIRAMAR, FL 33027-4492			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10'		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KOSAK, GARY F		NAME		
STREET ADDRESS	2095 SW 166TH AVE.		STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR, FL 330274492		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KOSAK, HELLEN		NAME		
STREET ADDRESS	2095 SW 166TH AVE.		STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR, FL 330274492		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MISHKIN, SALLY		NAME		
STREET ADDRESS	1240 NE 153RD ST.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 331625853		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MISHKIN, ROBERT		NAME		
STREET ADDRESS	1240 NE 153RD ST.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 331625853		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date _____ Daytime Phone # _____		

954-558-4807 cell
954-447-4001