

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007412

FILED
Jan 27, 2009
Secretary of State

Entity Name: FOR ZIONS SAKE MINISTRIES, INC.

Current Principal Place of Business:

2095 SW 166TH AVE.
MIRAMAR, FL 330274492

New Principal Place of Business:

Current Mailing Address:

2095 SW 166TH AVE.
MIRAMAR, FL 330274492

New Mailing Address:

FEI Number: 20-4538297

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KOSAK, GARY F
2095 SW 166TH AVE.
MIRAMAR, FL 330274492 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: KOSAK, GARY F
Address: 2095 SW 166TH AVE.
City-St-Zip: MIRAMAR, FL 330274492

Title: V () Delete
Name: KOSAK, HELLEN
Address: 2095 SW 166TH AVE.
City-St-Zip: MIRAMAR, FL 330274492

Title: S () Delete
Name: MISHKIN, SALLY
Address: 1240 NE 153RD ST.
City-St-Zip: MIAMI, FL 331625853

Title: D () Delete
Name: MISHKIN, ROBERT
Address: 1240 NE 153RD ST.
City-St-Zip: MIAMI, FL 331625853

Title: D () Delete
Name: LIVSKY, MICHAEL
Address: 16102 EMERALD ESTATES DR. #328
City-St-Zip: WESTON, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GARY F. KOSAK

P

01/27/2009

Electronic Signature of Signing Officer or Director

Date