

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002961

Entity Name: ZOELLER MINISTRIES, INC.**Current Principal Place of Business:**4631-105 SE 5TH AVENUE
CAPE CORAL, FL 33904-8582**Current Mailing Address:**POST OFFICE DRAWER 6885
FT. MYERS, FL 33911-6885 US**FEI Number: 65-1033400****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**ZOELLER, STEPHEN C PASTOR
4631-105 SE 5TH AVE
CAPE CORAL, FL 33904-8582 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: STEPHEN C. ZOELLER****01/16/2013**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, CEO, DIRECTOR
Name ZOELLER, STEPHEN C REV.
Address POST OFFICE DRAWER 6885
City-State-Zip: FT. MYERS FL 33911-6885

Title VP, DIRECTOR
Name GRANT, STEVEN M. REV.
Address 1630 WHISKEY CREEK DRIVE
City-State-Zip: FT MYERS FL 33919

Title SECRETARY, TREASURER,
DIRECTOR
Name THAGGARD, CHARLES E MR
Address 1951A COLLIER AVE
City-State-Zip: FT MYERS FL 33901

Title DIRECTOR
Name SPIRO, DONALD E PASTOR
Address 533 BERT RIDGE ROAD
City-State-Zip: SCIENCE HILL KY 42553

Title DIRECTOR, COO-KRFL
Name ZOELLER, STEPHANIE L CHAPLAIN
Address POST OFFICE DRAWER 6885
City-State-Zip: FT. MYERS FL 33911-6885

Title DIRECTOR, PASTOR
Name MILLER, MARK A REV.
Address 898 NELSON AVENUE
City-State-Zip: PALM BAY FL 32907

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: STEPHEN C. ZOELLER**PRESIDENT****01/16/2013**

Electronic Signature of Signing Officer/Director Detail

Date