

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000010008

**Entity Name:** ZOE PROPHETIC INTERNATIONAL MINISTRIES, INC.**Current Principal Place of Business:**4102 WELSLow STREET HOUSTON, TX 77087  
217 S LAUREL AVE  
SANFORD, FL 32771**Current Mailing Address:**755 LAKE MONROE RD  
471116  
LAKE MONROE, FL 32747 US**FEI Number:** 26-0513260**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DENNIS, K DR  
213 S LAUREL AVE  
SANFORD, FL 32771 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            PROPHETESS  
Name            DENNIS, K N  
Address        P O BOX 470068  
City-State-Zip: LAKE MONROE FL 32747Title            BISHOP  
Name            DENNIS, N LJR  
Address        P O BOX 470068  
City-State-Zip: LAKE MONROE FL 32771Title            ELDER  
Name            JONES, J  
Address        215 S LAUREL AVE  
City-State-Zip: SANFORD FL 32771Title            OVERSEER  
Name            HILL, L DR  
Address        3486 S W SAN BENITO  
City-State-Zip: PORT SAINT LUCIE FL 34953Title            DIRECTOR  
Name            WILLINGHAM, K  
Address        217 S LAUREL AVE  
City-State-Zip: SANFORD FL 32771Title            DIRECTOR  
Name            DENNIS, K E  
Address        217 S LAUREL AVE  
City-State-Zip: SANFORD FL 32771

*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: DR. K. DENNIS****PROPHETESS****03/24/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date