

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720451

Entity Name: Z A P T INC.

FILED  
Aug 01, 2009  
Secretary of State

## Current Principal Place of Business:

927 S CENTRAL AVE  
APOPKA, FL 32703

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 2511  
APOPKA, FL 32704

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

BOYKIN, MARY H  
1257 S CENTRAL  
APOPKA, FL 32703 US

## Name and Address of New Registered Agent:

BOYKIN, MARY H RS  
1257 S CENTRAL  
APOPKA, FL 32703 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: MARY H. BOYKIN

08/01/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GRAY, VINCE  
Address: 557 DOE COVE PLACE  
City-St-Zip: APOPKA, FL 32703

Title: V ( ) Delete  
Name: BAKER, MARY R  
Address: 2918 WESTERN WILLOW TER  
City-St-Zip: ORLANDO, FL 32808

Title: RS ( ) Delete  
Name: BOYKIN, MARY H  
Address: 1257 S CENTRAL AVE  
City-St-Zip: APOPKA, FL 32703

Title: T ( ) Delete  
Name: WYNN, BERNICE W  
Address: 110 EAST 15TH ST.  
City-St-Zip: APOPKA, FL 32703

Title: AS ( ) Delete  
Name: WILLIS, DAISY B  
Address: 223 W 10TH ST  
City-St-Zip: APOPKA, FL 32703

## 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: MARY H. BOYKIN

RS

08/01/2009

Electronic Signature of Signing Officer or Director

Date