

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757417

FILED
Jan 15, 2007
Secretary of State

Entity Name: ZOE UNIVERSITY, INCORPORATED

Current Principal Place of Business:

6504 ARLINGTON RD.
JACKSONVILLE, FL 32211 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 8435
JACKSONVILLE, FL 32239 US

New Mailing Address:

FEI Number: 59-2103287

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

OVENSHIRE, JAMES E DR
6504 ARLINGTON ROAD
JACKSONVILLE, FL 32211 US

Name and Address of New Registered Agent:

POWELL, KEITH G DR
6504 ARLINGTON ROAD
JACKSONVILLE, FL 32211 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: KEITH G. POWELL

01/15/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FIORENTINO, DR. JUDY,
Address: 6733 HEIDI RD
City-St-Zip: JACKSONVILLE, FL 32277

Title: S () Delete
Name: BAILEY, ROSE
Address: 8365 N BORDEAU AVENUE
City-St-Zip: JACKSONVILLE, FL 32211

Title: D () Delete
Name: STOREY, STAN,
Address: 207 MEADOWFIELD BLUFF RD
City-St-Zip: YULEE, FL 32097

Title: D (X) Delete
Name: PATTEN, KATHY F DR.
Address: 11230 MCCORMICK ROAD
City-St-Zip: JACKSONVILLE, FL 32225

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: DR. JUDY FIORENTINO

PD

01/15/2007

Electronic Signature of Signing Officer or Director

Date