

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757417

FILED  
Apr 14, 2010  
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:**

POWELL, KEITH G DR  
6504 ARLINGTON ROAD  
JACKSONVILLE, FL 32211 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: DR  
Name: FIORENTINO, JUDY  
Address: 6733 HEIDI RD  
City-St-Zip: JACKSONVILLE, FL 32277

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

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

Title: D  
Name: EVANS, LEWIS T  
Address: 350 ROSA COURT  
City-St-Zip: ST. AUGUSTINE, FL 32086

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

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: JUDY FIORENTINO

PD

04/14/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date