## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # N01000004459

1. Entity Name
ZION FELLOWSHIP MINISTRIES INC.

FILED Apr 30, 2007 08:00 AM Secretary of State

Principal Place of Business 2535 WASHINGTOM STREET MELBOURNE, FL 32904 Mailing Address

2535 WASHINGTOM STREET MELBOURNE, FL 32904



01262007 No Chg-NP

CR2E037 (4/06)

4. FEI Number	 Applied For
59-3550954	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WHITE, GEORGE H 268 NORTH BACKCOCK ST MELBOURNE, FL 32935

## DO NOT WRITE IN THIS SPACE

		IN THIS SPACE								
8. 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. I am familiar with, and accept the obligations of registered agent.										
SIGNATURE										
	Filing Fee is \$61.25 Due by May 1, 2007	<ol><li>Election Campaign Finant Trust Fund Contribution.</li></ol>	cing	\$5.00 May Be Added to Fees						
10.	OFFICERS AND DIREC	TORS		***		, , ,	· ·			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, GEORGE H 2535 WASHINGTON ST. MELBOURNE, FL 32901		i de Cara		/U0000074 05/16/07-80	6735 1079-019	61.25			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, LAKEBA K 146 RACHEL ST., APT. #1 MELBOURNE, FL. 32901		3 3 <sup>27</sup>	Takan		•	•			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATTLE, CORETTA H 841 GILLEN AVE. PALM BAY, FL 32907			DO I	NOT WRI	TĘ				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, MARY C 2535 WASHINGTON ST. MELBOURNE, FL 32901		,	IN T	HIS SPA	CE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOKMAN, KENNETH 1575 STANBOARD STREET NE PALM BAY, FL 32907				9.,	, <u>, , , , , , , , , , , , , , , , , , </u>	, 1465° 1			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			34	and the second		31 S	, "			

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under cath; 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ENGNATURE AND TYPESFOR PRINTED NAME OF SIGNING OFFICER OR DIVESTO

4-27-07

Daytime Phon