

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005857

Entity Name: ZIBA FOUNDATION, INC.

FILED
Jan 31, 2007
Secretary of State

Current Principal Place of Business:

1964 HOWELL BRANCH ROAD
SUITE 100
WINTER PARK, FL 32792

New Principal Place of Business:

Current Mailing Address:

1964 HOWELL BRANCH ROAD
SUITE 100
WINTER PARK, FL 32792

New Mailing Address:

FEI Number: 59-3747132

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YARBROUGH, D B
1964 HOWELL BRANCH ROAD
SUITE 100
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

KOCHNO, T V
1964 HOWELL BRANCH ROAD
SUITE 100
WINTER PARK, FL 32792 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: T. V. KOCHNO

01/31/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KOCHNO, T.V.
Address: 1964 HOWELL BRANCH RD STE 100
City-St-Zip: WINTER PARK, FL 32792

Title: C () Delete
Name: YARBROUGH, D.
Address: 1964 HOWELL BRANCH RD., #100
City-St-Zip: WINTER PARK, FL 32792

Title: S () Delete
Name: YARBROUGH, J.
Address: 1964 HOWELL BRANCH RD., #100
City-St-Zip: WINTER PARK, FL 32792

Title: T () Delete
Name: BLOWERS, T.
Address: 1964 HOWELL BRANCH RD., #100
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: DUKE, R
Address: 1964 HOWELL BRANCH RD., #100
City-St-Zip: WINTER PARK, FL 32792

Title: VP (X) Change () Addition
Name: DUKA, T
Address: 1964 HOWELL BRANCH RD., #100
City-St-Zip: WINTER PARK, FL 32792

Title: D (X) Change () Addition
Name: M, KOCHNO
Address: 1964 HOWELL BRANCH RD. #100
City-St-Zip: WINTER PARK, FL 32792

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: T. V. KOCHNO

PD

01/31/2007

Electronic Signature of Signing Officer or Director

Date