

FILED
Aug 16, 2002 8:00 am
Secretary of State

08-16-2002 90001 030 ****61.25

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # NO10000006562

1. Entity Name

ZOE MINISTRIES INTERNATIONAL, INC 974640

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

PO BOX 356

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 356

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

DEERFIELD BEACH, FL

City & State

DEERFIELD BEACH, FL

4. FEI Number

30-0062833

Applied For

Not Applicable

Zip

33443

Country

USA

Zip

33443

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

LINDA J MASON

Street Address (P.O. Box Number is Not Acceptable)

40 N OSPREY AVE

STE D

City

SARASOTA

FL

Zip Code

34236

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.

SIGNATURE

Linda Mason

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

6.30.02

DATE

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PO
SEFREY MAROTTA
PO BOX 356
DEERFIELD BEACH, FL 33443

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VPD
GRENE MAROTTA
PO BOX 356
DEERFIELD BEACH, FL 33443

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SD
JOAN-PAOLA WAL-DECK
508 NW 11th DR
DEERFIELD BEACH, FL 33443

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TD
THOMAS COLLEN
8971 NW 33RD ST
CORAL SPRINGS, FL 33066

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 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 in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

Date

7/17/02

Daytime Phone #

CR2E037B (12/01)