

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90429 015 ****61.25

DOCUMENT # N02000004533 1. Entity Name ZOE LIFE CHRISTIAN CENTER INTERNATIONAL, INC.					
Principal Place of Business 4735 RIDGE POINT DRIVE PACE, FL 32571			Mailing Address 4735 RIDGE POINT DRIVE PACE, FL 32571		
2. Principal Place of Business 3683 Avalon Blvd Suite, Apt. #, etc.		3. Mailing Address P.O. Box 869 Suite, Apt. #, etc.			
City & State Milton, Florida Zip 32583		City & State Milton, Florida Zip 32572		4. FEI Number 02-0617431	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NEWKIRK, RODNEY T 4735 RIDGE POINT DRIVE PACE, FL 32571				7. Name and Address of New Registered Agent Name NEWKIRK, RODNEY T. Street Address (P.O. Box Number is Not Acceptable) 5169 Victoria Drive City Milton, FL Zip Code 32570	
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 <u><i>Rodney Newkirk</i></u> DATE <u>4-26-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete O'NEAL, ROBERT C 115 PHEASANT LANE WILLINGBORO, NJ 08046			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete CONNER, AUSTIN P 1678 KINSALE DRIVE CANTONMENT, FL 32533			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC NEWKIRK, RODNEY T. 5169 Victoria Drive Milton, FL 32570 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NEWKIRK, PHYLLIS L. 5169 Victoria Drive Milton, FL 32570 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACK, CHRISTINE 4025 Woodville Road Milton, FL 32583 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'NEAL, ROBERT C. 115 Pheasant Lane Willingboro, NJ 08046 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Rodney Newkirk</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>4-26-06</u> Daytime Phone # <u>(850) 304-1230</u>	