

2007-NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 18, 2007 8:00 am
Secretary of State

05-18-2007 90018 027 ****61.25

DOCUMENT # N02000004533

1. Entity Name

ZOE LIFE CHRISTIAN CENTER INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

3683 AVALON BLVD
MILTON FL 32583

PO BOX 869
MILTON FL 32572

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

02-0617431

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEWKIRK, RODNEY T
5169 VICTORIA DR
MILTON FL 32570

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PDC	<input type="checkbox"/> Delete
NAME	NEWKIRK, RODNEY T	
STREET ADDRESS	5169 VICTORIA DR	
CITY-STATE-ZIP	MILTON FL 32570	
TITLE	STD	<input type="checkbox"/> Delete
NAME	NEWKIRK, PHYLLIS L	
STREET ADDRESS	5169 VICTORIA DR	
CITY-STATE-ZIP	MILTON FL 32570	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BLACK, CHRISTINE	
STREET ADDRESS	4025 WOODVILLE RD	
CITY-STATE-ZIP	MILTON FL 32583	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'NEAL, ROBERT C	
STREET ADDRESS	115 PHEASANT LN	
CITY-STATE-ZIP	WILLINGBORO NJ 08046	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
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STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Rodney Newkirk
RODNEY NEWKIRK

3/23/07 850-981-1819