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

of the corporation if changed, or on

SIGNATURE

rdress, with all other

like empowered. .

FILED Apr 23, 2007 08:00 Al Secretary of State DOCUMENT # N02000005438 1. Entity Name .. ZOE MINISTRIES, INC. Principal Placo of Business Mailing Address 6461 NW 2ND AVE 6461 NW 2ND AVE AT 308 808 TA **BOCA RATON FL 33487 BOCA RATON FL 33487** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apl. # etc. 1st MOORE CR2E037 (10/06) Applied For City & State City & State 4. FEI Number 52-2379905 Not Applicable Zip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CARILLO, ROB Street Address (P.O. Box Number is Not Acceptable) 6461 NW 2ND AVE APT 308 BOCA RATON FL 33487 City 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 little if applicable. (NOTE: Registered Ageni signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be \Box Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2007 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. DITE ☐ Delete шп ☐ Change Addition NAME FRANZI, NICKOLAS NAME U00000725156 STREET ADDRESS SHIFT ADDRESS 05/03/07-80011-003 61.25 4029 NW 72ND AVE CHY-SI-7P CITY-ST-ZIP **CORAL SPRINGS FL 33065** ☐ Defete шп Change Addition HHE GIACHETTI, ELIZABETH STREET ADDRESS STREET ADDRESS 250 NW 11TH STREET CITY - ST - ZIP CHY-ST-7P **BOCA RATON FL 33432** Delete □ Change ■ Addition TITLE NAME NAME BLOUKOS, THEODORE STREET ADDRESS STREET ADDRESS 20920 HAMOCA CIR CHY-S1-7P CITY-ST- AP **BOCA RATON FL 33433** ☐ Delete Change HILL ■ Addition М NAMI NAME CARILLO, ROB SIDEFTADORESS STREET ADORESS 6461 NW 2ND AVE APT 308 CHY-ST-ZIP CHY-SI- AP **BOCA RATON FL 33487** ☐ Change 1000 Delete 1011. Addition NAMI NAMI STREET LADDRESS STREET ADDRESS CHY-S1-7/P CITY-ST-ZIP TITLE ☐ Delete 1011 Change Addition NAMO NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CiTY-S1-7/P 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 this report 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