# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 18, 2008**
**Secretary of State**

DOCUMENT# N02000005438

**Entity Name:** ZOE MINISTRIES, INC.

**Current Principal Place of Business:**

6461 NW 2ND AVE
AT 308
BOCA RATON, FL 33487

**New Principal Place of Business:**

**Current Mailing Address:**

6461 NW 2ND AVE
AT 308
BOCA RATON, FL 33487

**New Mailing Address:**

**FEI Number: 52-2379905** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CARILLO, ROB
6461 NW 2ND AVE
APT 308
BOCA RATON, FL 33487 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: FRANZI, NICKOLAS
Address: 4029 NW 72ND AVE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D ( ) Delete
Name: GIACHETTI, ELIZABETH
Address: 250 NW 11TH STREET
City-St-Zip: BOCA RATON, FL 33432

Title: D ( ) Delete
Name: BLOUKOS, THEODORE
Address: 20920 HAMOCA CIR
City-St-Zip: BOCA RATON, FL 33433

Title: M ( ) Delete
Name: CARILLO, ROB
Address: 6461 NW 2ND AVE APT 308
City-St-Zip: BOCA RATON, FL 33487

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: ROB CARILLO M 04/18/2008

Electronic Signature of Signing Officer or Director — Date