


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000000716		
1. Entity Name GROUND ZERO MINISTRIES, INC.		
Principal Place of Business 2533 PINE SUMMIT DR E JACKSONVILLE, FL 32211	Mailing Address 2533 PINE SUMMIT DR E JACKSONVILLE, FL 32211	
DO NOT WRITE IN THIS SPACE		
		04022007 No Chg-NP CR2E037 (4/06)
4. FEI Number 48-1299308		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent POLLACKOV, TRACEY 2533 PINE SUMMIT DR E JACKSONVILLE, FL 32211		DO NOT WRITE IN THIS SPACE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U000000715299 04/27/07-80060-002 61.25 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POLLACKOV, WILLIAM 2533 PINE SUMMIT DR E JACKSONVILLE, FL 32211	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T POLLACKOV, TRACEY 2533 PINE SUMMIT DR E JACKSONVILLE, FL 32211	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BECKERMAN, GERRI 8530 BURKHALL ST JACKSONVILLE, FL 32211	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNEAD, JAMES D 8532 VERMANTH RD JACKSONVILLE, FL 32211	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNEAD, JENNIFER 8532 VERMANTH RD. JACKSONVILLE, FL 32211	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIERCE, JAMES 6180-9 FT CAROLINE RD JACKSONVILLE, FL 32277	
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>Tracey Pollackov Tracey L. Pollackov</u>		Date: <u>4/16/07</u> Daytime Phone #: <u>(904)745-0451</u>