

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000716

FILED
May 11, 2009
Secretary of State

Entity Name: GROUND ZERO MINISTRIES, INC.

Current Principal Place of Business:

8532 VERMANTH ROAD
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

8532 VERMANTH ROAD
JACKSONVILLE, FL 32211

New Mailing Address:

FEI Number: 48-1299308 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SNEAD, JENNIFER
8532 VERMANTH ROAD
JACKSONVILLE, FL 32211 US

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: P () Delete
Name: SNEAD, JAMES
Address: 8532 VERMANTH ROAD
City-St-Zip: JACKSONVILLE, FL 32211

Title: T () Delete
Name: SNEAD, JENNIFER
Address: 8532 VERMANTH ROAD
City-St-Zip: JACKSONVILLE, FL 32211

Title: S () Delete
Name: BECKERMAN, GERRI
Address: 8530 BURKHALL ST
City-St-Zip: JACKSONVILLE, FL 32211

Title: D () Delete
Name: PIERCE, JAMES
Address: 6180-9 FT. CAROLINE RD.
City-St-Zip: JACKSONVILLE, FL 32277

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: JAMES D SNEAD

PRES

05/11/2009

Electronic Signature of Signing Officer or Director

Date