

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

0046322

**DOCUMENT # N04399**

1. Entity Name

**ZOE LIFE CHRISTIAN CENTER INCORPORATED**

04-25-2001 90072 032 \*\*\*\*70.00

Principal Place of Business

Mailing Address

**4600 N.W. 9TH COURT  
 SUITE 7  
 PLANTATION FL 33317  
 US**

**667 W. DAYTON CIRCLE  
 FT.LAUDERDALE FL 33312**

**J U L I E**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**4600 N. W. 9th Court**

3. Mailing Address

**c/o 667 W. Dayton Cir.**

Suite, Apt. #, etc.

**Suite 5**

Suite, Apt. #, etc.

**N/A**

City & State

**Plantation, Florida**

City & State

**Ft. Lauderdale, Florida**

4. FEI Number

**59-2393134**

Applied For

Not Applicable

Zip

**33317**

Country

**USA**

Zip

**33312**

Country

**USA**

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GILLIS, LENA P.  
 667 W. DAYTON CRCL.  
 FT.LAUDERDALE FL 33312**

7. Name and Address of New Registered Agent

Name  
**DERRICK C. GILLIS, SR.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**c/o 667 W. DAYTON CIRCLE**

City  
**FT. LAUDERDALE** **FL** Zip Code  
**33312**

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.

SIGNATURE *Derrick C. Gillis, Pres.* *DERRICK C. GILLIS* *4/11/01*  
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**

9. Election Campaign Financing Trust Fund Contribution.

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP GILLIS, DERRICK C. SR 667 W. DAYTON CRCL. FT.LAUDERDALE FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GILES, RUSSELL 4710 NW 17TH STREET LAUDERHILL FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GILLIS, LENA P. 667 W. DAYTON CRCL. FT.LAUDERDALE FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Derrick C. Gillis, President* *4/11/01* *(954) 792-3683*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)