## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04399

FILED Apr 11, 2006 Secretary of State

Entity Nar	ne: ZOE LIFE	E CHRISTIAN CENTER INC	ORPORATED			
Current Principal Place of Business:			New Principa	New Principal Place of Business:		
SUITE 2	JNRISE BLVD JDERDALE, F					
Current M	ailing Addre	ss:	New Mailing	New Mailing Address:		
	/. DAYTON CI RDALE, FL 3					
FEI Number:	59-2393134	FEI Number Applied For ( )	FEI Number Not Applicab	ble ( ) Certificate of Status Desired (X)		
Name and	Address of (	Current Registered Agent:	Name and Ad	Name and Address of New Registered Agent:		
	NA P /. DAYTON CI :RDALE, FL 3					
The above in the State	named entity of Florida.	submits this statement for th	e purpose of changing its re	egistered office or registered agent, or both,		
SIGNATUF	RE:					
	Electro	nic Signature of Registered	Agent	Date		
OFFICERS	S AND DIREC	CTORS:	ADDITIONS/0	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DP ( GILLIS, DERR 667 W. DAYTO FT.LAUDERDA	ON CRCL.	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	D ( GILES, RUSSE 4710 NW 17TH LAUDERHILL,	H STREET	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	VESD ( GILLIS, LENA 667 W. DAYTO FT.LAUDERDA	ON CRCL.	Title: Name: Address: City-St-Zip:	()Change ()Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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: LENA P. GILLIS VESD 04/11/2006