

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005704

Entity Name: ZIM ORPHANS, INC.

FILED  
Jan 31, 2009  
Secretary of State

## Current Principal Place of Business:

4888 HEATHERSTONE PLACE  
ORLANDO, FL 32812

## New Principal Place of Business:

## Current Mailing Address:

4888 HEATHERSTONE PLACE  
ORLANDO, FL 32812

## New Mailing Address:

FEI Number: 26-0418357

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

W. CHARLES SHUFFIELD, ESQ.  
1000 LEGION PLACE  
SUITE 1700  
ORLANDO, FL 32801 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: SMITH, RODNEY R  
Address: 1552 E. OVERLOOK ROAD  
City-St-Zip: MONTEREY, TN 38574

Title: D ( ) Delete  
Name: SMITH, LEE A  
Address: 1552 E. OVERLOOK ROAD  
City-St-Zip: MONTEREY, TN 38574

Title: D ( ) Delete  
Name: LONG, STEVE E  
Address: 4888 HEATHERSTONE PLACE  
City-St-Zip: ORLANDO, FL 32812

Title: D ( ) Delete  
Name: LONG, LOUISE S  
Address: 4888 HEATHERSTONE PLACE  
City-St-Zip: ORLANDO, FL 32812

## 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: LOUISE S. LONG

D

01/31/2009

Electronic Signature of Signing Officer or Director

Date