

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008692

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: ZAMAR WORSHIP CENTER INC.

## Current Principal Place of Business:

8493 BAYMEADOWS WAY  
JACKSONVILLE, FL 32256

## New Principal Place of Business:

## Current Mailing Address:

8493 BAYMEADOWS WAY  
JACKSONVILLE, FL 32256

## New Mailing Address:

FEI Number: 22-3967990

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

## Name and Address of New Registered Agent:

SANFILIPPO, ANDREW DS  
8493 BAYMEADOWS WAY  
JACKSONVILLE, FL 32256 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: ANDREW SANFILIPPO

04/29/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: SANFILIPPO, JUDY  
Address: 8493 BAYMEADOWS WAY  
City-St-Zip: JACKSONVILLE, FL 32256

Title: DS ( ) Delete  
Name: SANFILIPPO, ANDREW  
Address: 8493 BAYMEADOWS WAY  
City-St-Zip: JACKSONVILLE, FL 32256

Title: DT ( ) Delete  
Name: SANFILIPPO, ALEX  
Address: 8493 BAYMEADOWS WAY  
City-St-Zip: JACKSONVILLE, FL 32256

## 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:

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: ANDREW SANFILIPPO

DS

04/29/2009

Electronic Signature of Signing Officer or Director

Date