

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009831

FILED  
Jul 23, 2008  
Secretary of State

Entity Name: ZENON MINISTRIES, INC.

## Current Principal Place of Business:

2823 LAKE SAXON DRIVE  
LAND O' LAKES, FL 34639

## New Principal Place of Business:

## Current Mailing Address:

2823 LAKE SAXON DRIVE  
LAND O' LAKES, FL 34639

## New Mailing Address:

FEI Number: 26-1231679      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:

NORMAN, CHRISTOPHER H  
315 HYDE PARK AVE  
TAMPA, FL 33606      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: ANDRUSYSHYN, ZENON  
Address: 2823 LAKE SAXON DRIVE  
City-St-Zip: LAND O' LAKES, FL 34639

Title: D      ( ) Delete  
Name: ANDRUSYSHYN, SUSAN Y  
Address: 2823 LAKE SAXON DRIVE  
City-St-Zip: LAND O' LAKES, FL 34639

Title: D      ( ) Delete  
Name: OVERTON, STEVE  
Address: 3121 LAKESTONE DRIVE  
City-St-Zip: TAMPA, FL 33618

Title: D      ( ) Delete  
Name: LUND, JOHN  
Address: 84707 N FRANKLIN STREET  
City-St-Zip: TAMPA, FL 33602

Title: D      ( ) Delete  
Name: SMITH, JAMES O  
Address: 10531 HOMESTEAD DRIVE  
City-St-Zip: TAMPA, FL 33618

## 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:

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: ZENON ANDRUSYSHYN

D

07/23/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date