


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90182 003 ****70.00

DOCUMENT # N30917			
1. Entity Name ZION MINISTRIES, INC.			
Principal Place of Business 1515 FOSTER AVE PANAMA CITY, FL 32405 US		Mailing Address 1515 FOSTER AVE PANAMA CITY, FL 32405 US	
2. Principal Place of Business <i>12413 TWO TRAIL ROAD</i>		3. Mailing Address <i>12413 TWO TRAIL ROAD</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>FOUNTAIN, FL</i>		City & State <i>FOUNTAIN, FL</i>	
Zip <i>32438</i>	Country <i>USA</i>	Zip <i>32438</i>	Country <i>USA</i>
4. FEI Number 59-2936099		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SANSOM, JAMES L. 12413 TWO TRAIL ROAD FOUNTAIN, FL 32438		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>James L. Sansom</i>		SIGNATURE <i>James L. Sansom</i> DATE <i>4-21-05</i>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANSOM, JAMES L. 12413 TWO TRAIL RD FOUNTAIN, FL 32438 <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	VD BRANCH, LINDA T 4000 PILCHER LANE PANAMA CITY, FL 32409 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VD</i> <i>OLIVER BUSH</i> <i>3001 DOUGLAS FERRY ROAD</i> <i>BONIFAY, FL 32425</i> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SANSOM, SANDRA E. 12413 TWO TRAIL RD FOUNTAIN, FL 32438 <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	D BUSH, TERRY D 5521 ARNOLD RD PANAMA CITY, FL 32404 <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	D MASTER, BRETT A 1110 CALABRIA RD PANAMA CITY, FL 32405 <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: <i>James L. Sansom</i>		Date <i>4-23-05</i> Daytime Phone # <i>816-9466</i>	