

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30917

FILED  
Apr 23, 2007  
Secretary of State

Entity Name: ZION MINISTRIES, INC.

**Current Principal Place of Business:**

12413 TWO TRAIL ROAD  
FOUNTAIN, FL 32438 US

**New Principal Place of Business:**

**Current Mailing Address:**

12413 TWO TRAIL ROAD  
FOUNTAIN, FL 32438 US

**New Mailing Address:**

FEI Number: 59-2936099

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SANSOM, JAMES L.  
12413 TWO TRAIL ROAD  
FOUNTAIN, FL 32438 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: PD ( ) Delete  
Name: SANSOM, JAMES L.,  
Address: 12413 TWO TRAIL RD  
City-St-Zip: FOUNTAIN, FL 32438

Title: VD ( ) Delete  
Name: BUSH, OLIVER  
Address: 3001 DOUGLAS FERRY RD  
City-St-Zip: BONIFAY, FL 32425

Title: STD ( ) Delete  
Name: SANSOM, SANDRA E.,  
Address: 12413 TWO TRAIL RD  
City-St-Zip: FOUNTAIN, FL 32438

Title: D ( ) Delete  
Name: BUSH, TERRY D  
Address: 5521 ARNOLD RD  
City-St-Zip: PANAMA CITY, FL 32404

Title: D ( ) Delete  
Name: MASTER, BRETT A  
Address: 12031 OWENWOOD RD  
City-St-Zip: FOUNTAIN, FL 32438

**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 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: JAMES L. SANSOM

PD

04/23/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date