FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 OCT -1 AM 8:2[illegible]
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000001942

1. Corporation Name: ZOE Ministries World Wide Inc

Principal Place of Business	Mailing Address
13375 N. Stemons Fwy Suite 430 Farmers Branch Texas. 75234	13375 N. Stemons Fwy Suite 430 Farmers Branch Texas. 75234

3. Date Incorporated or Qualified: 4/20/95	3a. Date of Last Report: 5/28/96
4. FEI Number: 65-0581784	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26: 13375 N. Stemmons Fwy
22 Suite, Apt. #, etc.	27: Suite 430
23 City & State	28: Farmers Branch, Tx
24 Zip / 25 Country	29: 75234 / 30 Country

9. Name and Address of Current Registered Agent

Nwanne Theodore *Vice Officer
3208 C. East Colonial Dr.
Orlando, FL. 32803.

10. Name and Address of New Registered Agent

81 Name: JERRY EMENGINI
82 Street Address (P.O. Box Number is Not Acceptable): 3208 C. East Colonial Dr.
83
84 City: Orlando **FL** 85 Zip Code: 32803

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: JERRY EMENGINI (Signature, typed or printed name of registered agent and title if applicable) — Jerry Emengini (NOTE: Registered Agent signature required when reinstating) — DATE: 7/21/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D ANWUZIA PATRICK Unit 24 Eurolink bus. Center, 49 EFFRA RD, BRIXTON, LONDON SW2 1BZ ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	C/D JERRY EMENGINI 3208 C. East Colonial Dr. Orlando, FL 32803. ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D ANWUZIA PARTRICIA Unit 24 Eurolink bus. Center, 49 EFFRA RD, BRIXTON, LONDON SW2 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANIMASHONU, CLEMENT 8800 BISSONNET HOUSTON, TX. 77074 ☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition 200002310462----1 -10/02/97--01109---016 *****61.25 *****61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Elandar Sharyn 2200 Rockwood Carrolton, TX. 75007 ☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres D Nwanne Theodore 3208 C. East Colonial Dr Orlando, FL 32803 ☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition 10-97
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jerry Emengini JERRY EMENGINI — 7/21/97 — (972) 484-7748
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #