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Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **N95000001942 (0)**

1. Corporation Name

ZOE MINISTRIES WORLDWIDE, INC.

Principal Place of Business	Mailing Address
13375 N. STEMONS FRWY. SUITE 430 FARMERS BRANCH TX 75234	13375 N. STEMONS FRWY. SUITE 430 FARMERS BRANCH TX 75234

3. Date Incorporated or Qualified: 04/20/1995

4. FEI Number: 65-0581784 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)

2a. Mailing Address (26): 3208 C. East Colonial Dr

Suite, Apt. #, etc. (22)

Suite, Apt. #, etc. (27)

City & State (23)

City & State (28): Orlando, Fl

Zip (24) / Country (25)

Zip (29): 32803 / Country (30): USA

5. Certificate of Status Desired ☑ SEE ATTACHED — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

EMENGINI, JERRY
3208 C. EAST COLONIAL DRIVE
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ANWUZIA, PATRICK		1.2 NAME		
STREET ADDRESS	UNIT 24 EUROLINK BUS. CENTER, 49 EFFRA RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	BRIXTON, LONDON SW21B-Z		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ANWUZIA, PARTRICIA		2.2 NAME		
STREET ADDRESS	UNIT 24 EUROLINK BUS. CENTER, 49 EFFRA RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	BRIXTON, LONDON SW21B-Z		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ANIMASHONU, CLEMENT		3.2 NAME		
STREET ADDRESS	8800 BISSONNET		3.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX 77074		3.4 CITY-ST-ZIP		
TITLE	CD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	EMENGINI, JERRY		4.2 NAME		
STREET ADDRESS	3208 C. EAST COLONIAL DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32803		4.4 CITY-ST-ZIP		
TITLE	CD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CATHERINE OGIE		5.2 NAME		
STREET ADDRESS	13660 MONTFORT DR #2032		5.3 STREET ADDRESS		
CITY-ST-ZIP	DALLAS, TX 75240		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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: CATHERINE OGIE 3/31/98 972-484-7728