

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90023 003 ****61.25

DOCUMENT # N97000002264

1. Entity Name
ZOR FOUNDATION, INC.



Principal Place of Business
**STE. 1, 679 SILVERCREEK DR.
 WINTER SPRINGS, FL 32708**

Mailing Address
**STE. 1, 679 SILVERCREEK DR.
 WINTER SPRINGS, FL 32708**

54025386



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

03262004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3438465

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MILLER, ROBERT S
 679 SILVERCREEK DR
 WINTER SPRINGS, FL 32708**

7. Name and Address of New Registered Agent

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | JAFF, DELKHWAZ | |
| STREET ADDRESS | 10903 AMHERST AVE | |
| CITY-ST-ZIP | SILVER SPRING, MD 20902 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ELLIS, DAVID | |
| STREET ADDRESS | 4007 LONGWOOD DR | |
| CITY-ST-ZIP | FREDERICKSBURG, VA 22408 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ALMOND, HARRY | |
| STREET ADDRESS | 2000 S EADS ST | |
| CITY-ST-ZIP | ARLINGTON, VA 22202 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | NORMAN, JOHN | |
| STREET ADDRESS | 3521 FREDMAR LN | |
| CITY-ST-ZIP | PLANO, TX 75203 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SHEMDIN, NIJYAR | |
| STREET ADDRESS | 1050, 17th ST. NW, SUITE 600 | |
| CITY-ST-ZIP | WASHINGTON DC 20036 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------------|--|
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | KLEIN, CHRISTIAN | |
| STREET ADDRESS | 121 NORTH HENRY ST. | |
| CITY-ST-ZIP | ALEXANDRIA, VA 22314 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ROBERT S. MILLER | |
| STREET ADDRESS | SUITE 1, 679 SILVERCREEK DR. | |
| CITY-ST-ZIP | WINTER SPRINGS, FL 32708 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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: Robert S. Miller **22 March 2004** (407) 687-9726

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #