

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002264

FILED
Jul 09, 2009
Secretary of State

Entity Name: ZOR FOUNDATION, INC.

Current Principal Place of Business:

STE. 1, 679 SILVERCREEK DR.
WINTER SPRINGS, FL 32708

New Principal Place of Business:

Current Mailing Address:

STE. 1, 679 SILVERCREEK DR.
WINTER SPRINGS, FL 32708

New Mailing Address:

FEI Number: 59-3438465 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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: D () Delete
Name: JAFF, DELKHWAZ
Address: 10903 AMHERST AVE
City-St-Zip: SILVER SPRING, MD 20902

Title: D () Delete
Name: ELLIS, DAVID
Address: 4007 LONGWOOD DR
City-St-Zip: FREDERICKSBURG, VA 22408

Title: D () Delete
Name: KLEIN, CHRISTIAN
Address: 121 N HENRY ST
City-St-Zip: ALEXANDRIA, VA 22314

Title: D () Delete
Name: NORMAN, JOHN
Address: 3521 FREDMAR LN
City-St-Zip: PLANO, TX 75203

Title: D () Delete
Name: SHEMDIN, NIJYAR
Address: 1050, 17TH ST. NW, SUITE 600
City-St-Zip: WASHINGTON, DC 20036

Title: D () Delete
Name: MILLER, ROBERT S
Address: 679 SILVERCREEK DR
City-St-Zip: WINTER SPRINGS, FL 32708

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT S. MILLER

O/D

07/09/2009

Electronic Signature of Signing Officer or Director

Date