

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001689

FILED
Mar 26, 2008
Secretary of State

Entity Name: PAUL ZINK MINISTRIES, INC.

Current Principal Place of Business:

2701 HODGES BOULEVARD
JACKSONVILLE, FL 32224

New Principal Place of Business:

Current Mailing Address:

2701 HODGES BOULEVARD
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 59-3605874

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMONIC, NICHOLAS T
8750 PERIMETER PARK BOULEVARD
JACKSONVILLE, FL 322166347 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: ZINK, PAUL D
Address: 205 NORTHWIND CT
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VD () Delete
Name: ZINK, SHARON
Address: 205 N.WIND CT.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: SD () Delete
Name: JOHNS, JIMMY R
Address: 4440 MAJESTIC BLUFF DR., S.
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: CAMERON, PHILIP
Address: P.O. BOX 241241
City-St-Zip: MONTGOMERY, AL 36124

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:

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: DHENNIE A. WALLACE

MNGR

03/26/2008

Electronic Signature of Signing Officer or Director

Date