

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001689

FILED  
Apr 08, 2009  
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. WALLCE

MGR

04/08/2009

Electronic Signature of Signing Officer or Director

Date