

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006760

1. Entity Name

ZOE CHRISTIAN CENTER, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90437 018 \*\*\*\*61.25

Principal Place of Business

Mailing Address

4566 MARSHALL ST.  
ORLANDO FL 32811

P.O. BOX 158  
WINTER PARK FL 32790-0158

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, CAROL J  
4566 MARSHALL ST.  
ORLANDO FL 32811

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE *Dir* NAME *Williams, Leslie* ☐ Change ☒ Addition  
STREET ADDRESS *2409 Myrtle Ave*  
CITY-ST-ZIP *Norfolk, VA 23504*

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE *Dir* NAME *Edwards, Doris Faye* ☐ Change ☒ Addition  
STREET ADDRESS *15 1/2 North Parramore*  
CITY-ST-ZIP *Orlando, FL 32801*

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE *Dir* NAME *Thelma Campbell* ☐ Change ☒ Addition  
STREET ADDRESS *5360 Chatsworth Cir*  
CITY-ST-ZIP *Orlando, FL 32812*

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE *Chm* NAME *Williams, Carol J* ☐ Change ☒ Addition  
STREET ADDRESS *4566 Marshall St*  
CITY-ST-ZIP *Orlando, FL 32811*

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)