

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 706189 (8)
1. Corporation Name
SION CHURCH OF THE ASSEMBLIES OF GOD, INC.



Principal Place of Business
**36 NW 29TH STREET
MIAMI FL 33127**

Mailing Address
**36 NW 29TH STREET
MIAMI FL 33127**

3. Date Incorporated or Qualified
09/23/1963

3a. Date of Last Report
02/06/1995

2. Principal Place of Business
21 3521 BISCAYNE BLVD.

2a. Mailing Address
26 3521 BISCAYNE BLVD.

Suite, Apt. #, etc.
22 -

Suite, Apt. #, etc.
27 -

City & State
23 MIAMI, FLORIDA

City & State
28 MIAMI, FLORIDA

Zip
24 33137

Country
25 DADE

Zip
29 33137

Country
30 DADE

4. FEI Number
59-2481513

Applied For
☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**CARMEN, JOSE DEL
38 NE 46TH ST.
MIAMI FL 33137**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PO-T CARMEN, JOSE DEL**

STREET ADDRESS **38 NE 46 STREET**

CITY-ST-ZIP **MIAMI FL**

TITLE ☒ DELETE

NAME **VP OZUAL ANDRES**

STREET ADDRESS **8752 N.W. 109 TR**

CITY-ST-ZIP **HAIALEAH FL**

TITLE ☐ DELETE

NAME **T SANTANA, LUIS**

STREET ADDRESS **10431 S.W. 151 TR**

CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☒ Change ☐ Addition

22 NAME **ST OZUAL RUTH**

23 STREET ADDRESS **8752 NW 109 TR**

24 CITY-ST-ZIP **HAIALEAH FL 33**

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

900001862829
-06/17/96--01007--000
*****70.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.076(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/96 305 576 210
Date Daytime Phone #

CR2E037 (12/95)