2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

AMENDED

07-28-2004 90021 007 ****75.00
706189

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 AUG -2 AM 10:31

DOCUMENT # 706189

1. Entity Name
SION CHURCH OF THE ASSEMBLIES OF GOD, INC.

Principal Place of Business	Mailing Address
2521 BISCAYNE BLVD. MIAMI, FL 33137	2521 BISCAYNE BLVD. MIAMI, FL 33137

02242004 Chg-NP CR2E037 (10/03)

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 59-2481513 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PEDRO PABLO VELEZ 3161 S. OCEAN DR. APT. 705 HALLANDALE FL. 33009	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☑ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT PEDRO PABLO VELEZ 3161 S. OCEAN DR. APT. 705 HALLANDALE FL. 33009	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PASTOR PEDRO PABLO VELEZ 3161 S. OCEAN DR. APT. 705 HALLANDALE FL. 33009	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST LUZ MARTINEZ 833 NE. 90 ST. APT. 6 MIAMI FL. 33138	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY ELDA ELVIRA CAMACHO 1150 NE. 169 TERRACE NORT MIAMI BEACH FL. 33162	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GLODYS MARTINEZ 833 NE. 90 ST. APT. 6 MIAMI FL. 33138	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER ERVIN J. MIZRIKY 8901 NW. 78 TH ST. APT. 206 TAMARAC FL. 33321	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: PEDRO PABLO VELEZ 07-25-04
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

8/2 W