
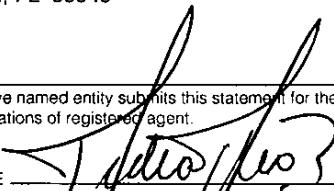
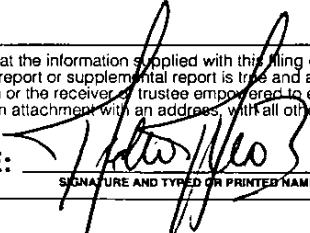


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90069 029 ****70.00

DOCUMENT # 706189			
1. Entity Name SION CHURCH OF THE ASSEMBLIES OF GOD, INC.			
Principal Place of Business 2521 BISCAYNE BLVD. MIAMI, FL 33137		Mailing Address 2521 BISCAYNE BLVD. MIAMI, FL 33137	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4052005		Chg-NP	CR2E037 (10/03)
4. FEI Number 59-2481513		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JANE, JACINTO D 2740 W 63 ST APT 107 HIALEAH, FL 33046		Name PEDRO PABLO VELEZ Street Address (P.O. Box Number is Not Acceptable) 3161 S. OCEAN DR. APT. 705 City HALLANDALE FL Zip Code 33009	
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 		Pedro Pablo Velez 04-09-05 DATE	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P VELEZ, PEDRO PABLO 3161 S. OCEAN DR., APT 705 HALLANDALE, FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Cubillos, Timoteo 17001 NE 9th Ave 5C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAMACHO, ELDA ELVIRA 1150 NE 169 TERRACE NORTH MIAMI BEACH, FL 33162 <input checked="" type="checkbox"/> Delete XX	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NMB, FL. 33162 S/D Velez, Francia A. 3161 S. Ocean Dr #705 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MIZRIKY, ERWIN J 8901 NW 78TH ST., APT.206 TAMARAC, FL 33321 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hallandale, Fl. 33009 V/Mizriky, Erwin 8712 NW 36th St. Sunrise, Fl. 33351 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ramos., Cesar 13801 North Miami Ave. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	North Mia Fl. 33168 D / Duarte, Mercedes 500 NW 128th Street North Mia, Fl. 33168 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Caraballo, Limpida 13025 NW 15 Ave Miami, Fl. 33167 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.31(1), 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, will fall other like empowered.			
SIGNATURE: 		PEDRO PABLO VELEZ 04-09-05 Date Daytime Phone #	