

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000004521

**Entity Name:** ZION ASSEMBLY OF GOD CHURCH, INC.**Current Principal Place of Business:**5915 HAYES STREET  
HOLLYWOOD, FL 33021**Current Mailing Address:**15600 LANCE POINT PLACE  
DAVIE, FL 33331 US**FEI Number:** 20-3839566**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PANICKER, YOHANNAN  
15600 LANCE POINT PL  
DAVIE, FL 33331 US*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

**Officer/Director Detail :**

Title P  
Name PANICKER, YOHANNAN  
Address 15600 LANCE POINT PL  
City-State-Zip: DAVIE FL 33331

Title ASST. TREASURER  
Name SAMUEL, SANTHOSH  
Address 13444 NW 13TH ST.  
City-State-Zip: PEMBROKE PINES FL 33028

Title OFFICER  
Name ABRAHAM, SUNITHA P  
Address 16204 NW 9TH DRIVE  
City-State-Zip: PEMBROKE PINES FL 33028

Title OFFICER  
Name VARGHESE, SHIBU  
Address 2941 SW 174TH WAY  
City-State-Zip: MIRAMAR FL 33029

Title SECRETARY  
Name CHACKO, SINU  
Address 2360 NW 34TH AVE  
City-State-Zip: COCONUT CREEK FL 33066

Title VP  
Name JACOB, JAYAMON  
Address 20440 SW 124 TH PLACE  
City-State-Zip: MIAMI FL 33024

Title CFO  
Name JACOB, ROSEBINT  
Address 16204 NW 9TH DRIVE  
City-State-Zip: PEMBROKE PINES FL 33028

Title CEO  
Name KADAVIL, JOSEMON  
Address 5407 NE 31ST AVE  
City-State-Zip: FORT LAUDERDALE FL 33308

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*I hereby 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 all other like empowered.*

**SIGNATURE:** YOHANNAN PANICKER**PRESIDENT****03/29/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	COO
Name	THOMAS, JIMMY
Address	14124 N CYPRESS COVE CIR
City-State-Zip:	DAVIE FL 33325