


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90688 035 \*\*\*\*75.00

<b>DOCUMENT #</b> N00000004133	
<b>1. Entity Name</b> HOLINESS CHURCH OF ZION FOR ALL NATIONS, INC.	

<b>Principal Place of Business</b> 11400 NW 12 AVENUE MIAMI FL 33168	<b>Mailing Address</b> 1128 NW 113 TERRACE MIAMI FL 33168
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<b>2. Principal Place of Business</b> 11400 NW 12 AVE Suite, Apt. #, etc. MIAMI FL 33168 City & State Dade	<b>3. Mailing Address</b> 1128 NW 113 TERRACE Suite, Apt. #, etc. House City & State MIAMI FL Dade Zip 33168 Country Dade
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MOORE CR2E037 (11/03)

<b>4. FEI Number</b> 65-0706850	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b> AUGUSTE, OFFRAND D REV. 1128 NW 113 TERR. MIAMI FL 33168	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> D <b>NAME</b> AUGUSTE, OFFRAND D REV. <b>STREET ADDRESS</b> 11400 NW 12TH AVENUE <b>CITY-ST-ZIP</b> MIAMI FL 33168	<input type="checkbox"/> Delete	<b>TITLE</b> JUNIOR DOLCE <b>NAME</b> 7622 NW 6 CT MIAMI FL 33150 <b>STREET ADDRESS</b> MIAMI <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> SD <b>NAME</b> DERUS, REV. MARIE T <b>STREET ADDRESS</b> 11400 NW 12TH AVENUE <b>CITY-ST-ZIP</b> MIAMI FL 33168	<input type="checkbox"/> Delete	<b>TITLE</b> FRANSON AUGUSTE <b>NAME</b> 1128 NW 113 TERRACE <b>STREET ADDRESS</b> MIAMI FL 33168 <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> TD <b>NAME</b> AUGUSTE, ORFELY REV. <b>STREET ADDRESS</b> 11400 NW 12TH AVENUE <b>CITY-ST-ZIP</b> MIAMI FL 33168	<input type="checkbox"/> Delete	<b>TITLE</b> E <b>NAME</b> Richard PIERRE-YEAN <b>STREET ADDRESS</b> 2030 NW 120 ST <b>CITY-ST-ZIP</b> E. MIAMI FL 33168	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> S <b>NAME</b> BILDAD, AUGUSTE D <b>STREET ADDRESS</b> 1128 NW 113 TERR <b>CITY-ST-ZIP</b> MIAMI FL 33168	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> YM <b>NAME</b> LAMY, KATHIA <b>STREET ADDRESS</b> 8121 NW 4 AVE. <b>CITY-ST-ZIP</b> MIAMI FL	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> AS <b>NAME</b> FRANCE, YANICK <b>STREET ADDRESS</b> 1050 NW 116 ST <b>CITY-ST-ZIP</b> MIAMI FL 33168	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> 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:** OFFRAND D. AUGUSTE 428-04 3057542987  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #