


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90231 001 ****75.00

DOCUMENT # N00000004133			
1. Entity Name HOLINESS CHURCH OF ZION FOR ALL NATIONS, INC.			
Principal Place of Business 11400 NW 12 AVENUE MIAMI FL 33168		Mailing Address 1128 NW 113 TERRACE MIAMI FL 33168	
2. Principal Place of Business 11400 NW 12 AVE		3. Mailing Address 1128 NW 113 TER	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI Florida		City & State MIAMI FL	
Zip 33168	Country Dade	Zip 33168	Country Dade
6. Name and Address of Current Registered Agent AUGUSTE, OFFRAND D REV. 1128 NW 113 TERR. MIAMI FL 33168		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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	D AUGUSTE, OFFRAND D REV. 11400 NW 12TH AVENUE MIAMI FL 33168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T AUGUSTE, MARIE S 1128 NW 113 TERR MIAMI FL 33168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD AUGUSTE, ORFELY REV. 11400 NW 12TH AVENUE MIAMI FL 33168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BILDAD, AUGUSTE D 1128 NW 113 TERR MIAMI FL 33168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	YM LAMY, KATHIA 8121 NW 4 AVE. MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS FRANCE, YANICK 1050 NW 116 ST MIAMI FL 33168 <input checked="" type="checkbox"/> Delete →	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		AS GLADYS EDOUARD 289 NW 108 TER MIA FL 33168	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Auguste*

4-24-06