

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 15, 2003 8:00 am
Secretary of State

08-15-2003 90081 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 TERR
MIAMI FL 33168**

2. Principal Place of Business

11400 NW 12 AVE
Suite, Apt. #, etc.

3. Mailing Address

1128 NW 113 TERRACE
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number **65-0706850**

☒ Applied For
☐ Not Applicable

Zip

33168

Country

FLADE

Zip

33168

Country

FLADE

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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

TITLE **D** ☐ Delete
NAME **AUGUSTE, OFFRAND D REV.**
STREET ADDRESS **11400 NW 12TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33168**

TITLE **SD** ☐ Delete
NAME **DERUS, REV. MARIE T**
STREET ADDRESS **11400 NW 12TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33168**

TITLE **TD** ☐ Delete
NAME **AUGUSTE, ORFELY REV.**
STREET ADDRESS **11400 NW 12TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33168**

TITLE **S** ☐ Delete
NAME **BILDAD, AUGUSTE D**
STREET ADDRESS **1128 NW 113 TERR**
CITY-ST-ZIP **MIAMI FL 33168**

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **X.M** ☐ Change ☒ Addition
NAME **KETHIA LAMX**
STREET ADDRESS **8121 NW 4 AVE**
CITY-ST-ZIP **MIAMI FL**

TITLE **A.S** ☐ Change ☐ Addition
NAME **XANICK FRANCE**
STREET ADDRESS **1050 NW 116 ST.**
CITY-ST-ZIP **MIAMI, FL 33168**

TITLE **AD** ☐ Change ☐ Addition
NAME **Rosalie Belly**
STREET ADDRESS **135 NE 132 TER**
CITY-ST-ZIP **MIAMI, FL 33161**

TITLE **S** ☐ Change ☐ Addition
NAME **JIMMY PARFAIT**
STREET ADDRESS **425 NW 130 ST**
CITY-ST-ZIP **MIAMI FL 33168**

TITLE **A.T** ☐ Change ☐ Addition
NAME **FRANREY LOUIS**
STREET ADDRESS **200 NW 77 ST #2**
CITY-ST-ZIP **MIAMI FL 33150**

TITLE ☐ Change ☐ Addition
NAME ☐ Addition
STREET ADDRESS ☐ Addition
CITY-ST-ZIP ☐ 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: **Resignation Required** **8-12-03 786-2770373**

CR2E037 (4/03)