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

## Apr 19, 2004 8:00 am Secretary of State DOCUMENT # N02000005253 04-19-2004 90383 043 \*\*\*\*70.00 ZION HOUSE OF YAHWEH SEVENTH DAY HOLY CHURCH OF THE LIVING GOD THE PILLAR AND GROUND OF Principal Place of Business Mailing Address 189-00 NW 2 AVE. ROOM 125 ELDER D.L. LOVE 6341 NW 190TH TERRACE MIAMI LAKES FL 33015 MIAMI FL 33169 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 03-0469287 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6.- Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LOVE, DENNIS L Street Address (P.O. Box Number is Not Acceptable) 6341 NW 190TH TERRACE MIAMI LAKES FL 33015 City Zio 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2004 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE Change ☐ Addition LOVE, DENNIS L NAME 6341 NW 190TH TERR STREET ADDRESS STREET ADDRESS MIAMI FL 33015 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition LOVE, LURINE A NAME NAME 6341 NW 190TH TERF STREET ADDRESS STREET ADDRESS MIAMI FL 33015 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Chance Addition GREEN, LURLETTE NAME NAME 188 31 NE 3TH CT. STREET ADDRESS STREET ADDRESS MIAMI FE 33169° CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition DUGGAN, FRED 165 NW 107TH ST STREET ADDRESS STREET ADDRESS MIAMI FL 33169 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P TITI F Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/10/04 305 430969

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## 2004 NOT-FOR-PROFIT CORPORATION Affactors

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DOCUI	MENT # N020000052	253					
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Zip	Country	Zip	Country	5. Certificate of Status Des		\$8.75 Add	t Applicable itional
	6. Name and Address of Currer	nt Registered Agent	=Name	7. Name and Address of		Agent	
LOVE, DENNIS L							
634	1 NW 190TH TERRACE MI LAKES FL 33015	,	Street Addres	ss (P.O. Box Number is Not Acce	eptable)		
IAII	WII LAINES I E 330 IS						
			City		FL	Zip Code	
8. The above the obligat	named entity submits this statement ions of registered agent.	for the purpose of changing its	registered office or regi	stered agent, or both, in the Stati	e of Florida. I am	familiar with,	and accept
SIGNATURE :	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE	: Registered Agent signature req	uired when reinstating)	DATE		
	FILE NOW: FEE IS \$61.25	STORES TABLE	npaign Financing ,	\$5.00 May Be	Make Chec	k Pavahlo	io .
	Due By May 1, 2004	Trust Fund C		Added to Fees	Florida Depar	tment of S	tate
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		DIRECTORS	11.	ADDITIONS/CHANGES TO C	FFICERS AND DI	RECTORS IN	10
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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: EDER DENN'S LLODE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR