


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

FILED  
03 JUN 30 PM 12:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N0200005253			
1. Entity Name <b>ZION HOUSE OF YAHWEH SEVENTH DAY HOLY CHURCH OF THE LIVING GOD THE PILLAR AND GROUND OF THE TRUT</b>			
Principal Place of Business 189-00 NW 2 AVE. ROOM 125 MIAMI, FL 33169		Mailing Address 189-00 NW 2 AVE-ROOM 125 MIAMI, FL 33169	
2. Principal Place of Business		3. Mailing Address Elder D.L. Love 6341 NW 190th Terr. City & State: MIAMI LAKES, FL Zip: 33015	
Suite, Apt. #, etc.		City & State	
City & State		Country	
Zip		Country	
6. Name and Address of Current Registered Agent LOVE, DENNIS L 6341 NW 190TH TERR MIAMI LAKES, FL 33015		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when substituting)</small>			
FILE NOW FEE IS \$61.25		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	PD LOVE, DENNIS L <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVE, DENNIS L	NAME	
STREET ADDRESS	6341 NW 190TH TERR	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33015	CITY-ST-ZIP	
TITLE	STD LOVE, LURINE A <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVE, LURINE A	NAME	
STREET ADDRESS	6341 NW 190TH TERR	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33015	CITY-ST-ZIP	
TITLE	D GREEN, LURLETTE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, LURLETTE	NAME	
STREET ADDRESS	188 31 NE 3TH CT.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33169	CITY-ST-ZIP	
TITLE	D DUGGAN, FRED <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUGGAN, FRED	NAME	
STREET ADDRESS	166 NW 107TH ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33169	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(f), 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 517, 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: <u>Dennis L. Love</u>		Date: <u>5/29/03</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

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CHECK HERE IF MAKING CHANGES

4. FEI Number 03-0469287 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

CR2E037 (10/02)

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