

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2009
Secretary of State

DOCUMENT# N04000001492

Entity Name: ZION HOPE MISSIONARY BAPTIST CHURCH OF MIAMI, INC.

Current Principal Place of Business:

5129 N.W. 17TH AVENUE
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

5129 N.W. 17TH AVENUE
MIAMI, FL 33142

New Mailing Address:

FEI Number: 65-0309277 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DAY, MICHAEL A
25 N.E. 158 STREET.
NORTH MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HILL, BENNIE DEACON
Address: 5129 N.W. 17TH AVENUE
City-St-Zip: MIAMI, FL 33142

Title: D () Delete
Name: WOODARD, CHARLES DEACON
Address: 5129 N.W. 17 AVE
City-St-Zip: MIAMI, FL 33142

Title: D () Delete
Name: CANDRY, ROBERT DEACON
Address: 5129 N.W. 17 AVE
City-St-Zip: MIAMI, FL 33162

Title: D () Delete
Name: BAILEY, JOHN H DEACON
Address: 5129 N.W. 17TH AVENUE
City-St-Zip: MIAMI, FL 33142

Title: D () Delete
Name: CONEY, WILLIE B DEACON
Address: 5129 N.W. 17TH AVENUE
City-St-Zip: MIAMI, FL 33142

Title: D () Delete
Name: MAY, NATHANIEL DEACON
Address: 5129 N.W. 17TH AVENUE
City-St-Zip: MIAMI, FL 33142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEACON WILLIE CONEY

D

04/26/2009

Electronic Signature of Signing Officer or Director

_____ Date