

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

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90089 033 ****61.25

DOCUMENT # N05000010104

1. Entity Name

ZION EXAMPLES OF CHRIST TEMPLE INC



Principal Place of Business

13301 NW 2ND AVE
MIAMI FL 33168

Mailing Address

13301 NW 2ND AVE
MIAMI FL 33168

2. Principal Place of Business

13301 NW 2nd Ave

Suite, Apt. #, etc.

Bldg

City & State

Mia FL

Zip

33168

Country

Dade

3. Mailing Address

13301 NW 2nd Ave

Suite, Apt. #, etc.

Bldg

City & State

Miami FL

Zip

33168

Country

Dade



1st MOORE

CR2E037 (10/05)

4. FEI Number

42-1682 162

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, OSCAR REV.
13301 NW 2ND AVE
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

Due By May 1, 2006

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 TAYLOR (PASTOR), OSCAR REV.
STREET ADDRESS 13301 NW 2ND AVE
CITY-ST-ZIP MIAMI FL 33168

TITLE D ☐ Delete
NAME SAMUELS (ASST. P) , C
STREET ADDRESS 13301 NW 2ND AVE
CITY-ST-ZIP MIAMI FL 33168

TITLE D ☐ Delete
NAME GORDON (MISSIONARY), MYRTLE
STREET ADDRESS 13301 NW 2ND AVE
CITY-ST-ZIP MIAMI FL 33168

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature] Rev Oscar Taylor

4 29 06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #