in pulse

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

Page 1 0 + 2

| DOCUMENT # N05000011276 1. Entity Name ZION ASSEMBLY OF GOD CHURCH, INC. | | | | | | | FILED 06 JUN 19 PH 12: 35 | |
|--|---|--|---------------------|--|--|--|--|--|
| | | | | Address LANCE POINT PLACE FL 33331 | | | LÉRETARY OF STATE LLAHASSEE, FLORIDA | |
| Principal Place of Business 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | 06012006 Chg-NP CR2E037 (4/06) | |
| City & State | | | City & State | | | | 4. FEI Number Applied For 20-3839566 Not Applicable | |
| Zip | t | Country | Zip | Col | untry | | 5. Certificate of Status Desired See Required \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | | | 7. Name and Address of New Registered Agent Name | | |
| PANICKER, YOHANNAN | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| 15600 LANCE POINT PLACE DAVIE, FL 33331 | | | | | Sileet Address (F.O. Dox Nothbell 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. 700076713067 SIGNATURE | | | | | | | | |
| SIGNATURE | | | | | | | | |
| Amended AR is \$61.25 9. Election Campaign Financing \$5.00 May Be Added to Fees Added to Fees Florida Department of State | | | | | | | | |
| 10. OFFICERS AND DIRECTORS 11. | | | | | | A | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME | P Delete IIII | | | | ME PANECYER, YOHANNAN | | | |
| STREET ADDRESS CFTY-ST-ZIP | | | | | REET ADDRESS 15600 Lance Point Place | | | |
| TITLE | VP Delete | | | | TITLE Davie, Fi 33331 XX Enange Addition | | | |
| NAME | J | M, KOSHY | | ABRAHAM, KOSHY | | | | |
| STREET ADDRESS CITY-ST-ZIP | J | .R LAKES COURT, #103 LM BEACH, FL 33409 | 2 | | | ETADORESS 4230 Bean Lakes Count #102 | | |
| шт | S Delete TITLE JACOB, JAYAMON NAM 20440 SW 124TH PLACE STRE | | | | ⊧ s | D | Change Addition | |
| NAME STREET ADDRESS | | | | | JACOP, JAYAMON TRETADORESS 20440 SW 124 Place | | | |
| CITY-ST-ZIP | | | | | Miami, EL 33177 | | | |
| title Name | T VARGHE: | SE, ASHA | Delete | TITLE | | _ | □ Change XX Addition EPH, BENNY | |
| STREET ADDRESS | STREET ADDRESS 16055 NW 64 AVENUE, #115 | | | STRE | | | 05 NW 14 St. | |
| CITY-ST-ZIP | O | KES, FL 33014 | □ Delete | TITLE | , - | em! | broke Pines, FL 33028 | |
| NAME | ABRAHAM | I, KURIAN | | NAM | ξ | 1 5 | ice Attachment | |
| STREET ADDRESS CITY-ST-ZIP | | 153 AVENUE R, FL 33027 | | | ET ADDRESS - ST-ZIP | | in the small | |
| TITLE | 0 | | ☐ Delete | TITLE | . , | | ☐ Change ☐ Addition | |
| NAME STREET ADDRESS | | | | | ET ADDRESS DC 6/20 | | | |
| CITY-ST-ZIP HOLLYWOOD, FL 33024 CITY-ST-ZIP | | | | | | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: John Con Front Date Devictor Date Devictor Date Devictor Prone & | | | | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | | | | |



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11. (continued)

ADDITIONS

Title:

O

Name:

GEORGE FRANCIS

Street Address:

13802 SW 28 St.

City, ST, ZIP:

Miramar, FL 33027

Title:

O

Name:

SHIJU GEORGE 12265 SW 151 St.

Miami, FL 33186

Street Address: City, ST, ZIP:

YOHANNAN PANNIKER, PRESIDENT

06/02/06