


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 31 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N11138 (7)</b> 1. Corporation Name <b>ZION CHURCH OF GOD OF FLORIDA CITY, INC.</b>					
Principal Place of Business <b>% REV. WELLINGTON FERGUSON SR. 1055 READLAND ROAD FLORIDA CITY FL 33034</b>			Mailing Address <b>10370 SW 182ND ST. MIAMI FL 33157-5272</b>		
2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country		3. Date Incorporated or Qualified <b>09/17/1985</b> 3a. Date of Last Report <b>01/31/1996</b> 4. FEI Number <b>59-2600621</b> 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>FERGUSON, WELLINGTON SR 10370 SW 182 ST MIAMI FL 33157</b>			10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	CD	<input type="checkbox"/> DELETE			
NAME	FERGUSON, WELLINGTON SR				
STREET ADDRESS	10370 SW 182 ST				
CITY-ST-ZIP	MIAMI FL				
TITLE	TD	<input type="checkbox"/> DELETE			
NAME	FERGUSON, MABLE D				
STREET ADDRESS	10370 SW 182 ST				
CITY-ST-ZIP	MIAMI FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	WELLINGTON, FERGUSON JR.				
STREET ADDRESS	10370 S.W. 182 ST.				
CITY-ST-ZIP	MIAMI FL				
TITLE	S	<input checked="" type="checkbox"/> DELETE			
NAME	CLARK, RITA				
STREET ADDRESS	18727 SW 100 AVE				
CITY-ST-ZIP	MIAMI FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	FERGUSON, RALPH				
STREET ADDRESS	10365 S.W. 173 TERR.				
CITY-ST-ZIP	MIAMI FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	FLAGLER, HERMAN SR.				
STREET ADDRESS	10370 SW 182 ST				
CITY-ST-ZIP	MIAMI FL				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1/2					
1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
1.2 NAME	CHESTER MALLOTT				
1.3 STREET ADDRESS	449 S.W. 11TH AVE. HOMESTEAD FL				
1.4 CITY-ST-ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
4.2 NAME	THERESA CROSS				
4.3 STREET ADDRESS	28555 S.W. 142 CT.				
4.4 CITY-ST-ZIP	MIAMI FL 33030				
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE: <u>WELLINGTON FERGUSON SR.</u> 11/17/97 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



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