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**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90115 021 \*\*\*\*70.00

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N11138**

1. Corporation Name

**ZION CHURCH OF GOD OF FLORIDA CITY, INC.**

Principal Place of Business

% REV. WELLINGTON FERGUSON SR.  
1055 READLAND ROAD  
FLORIDA CITY FL 33034

Mailing Address

10370 SW 182ND ST.  
MIAMI FL 33157-5272

147433 90115 21



2. Principal Place of Business

21 1055 READLAND ROAD  
Suite, Apt. #, etc.

2a. Mailing Address

26 10370 S.W. 182 ST  
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

09/17/1985

4. FEI Number

59-2600621

Applied For

Not Applicable

22 City & State

23 FLORIDA CITY, FL

27 City & State

28 MIAMI FL

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

24 Zip

25 DANE

29 Zip

33157-5272

Country

30 DADE

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

FERGUSON, WELLINGTON SR  
10370 SW 182 ST  
MIAMI FL 33157

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD  
NAME FERGUSON, WELLINGTON SR  
STREET ADDRESS 10370 SW 182 ST  
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE TD  
NAME FERGUSON, MABLE D  
STREET ADDRESS 10370 SW 182 ST  
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE D  
NAME WELLINGTON, FERGUSON JR.  
STREET ADDRESS 10370 S.W. 182 ST.  
CITY-ST-ZIP MIAMI FL ☒ DELETE

TITLE S  
NAME CROSS, THERESA  
STREET ADDRESS 28555 S.W. 142 CT.  
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE D  
NAME FERGUSON, RALPH  
STREET ADDRESS 10365 S.W. 173 TERR.  
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE D  
NAME FLAGLER, HERMAN SR.  
STREET ADDRESS 10370 SW 182 ST  
CITY-ST-ZIP MIAMI FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME CHESTER MALLET  
3.3 STREET ADDRESS 449 S.W. 11TH AVE  
3.4 CITY-ST-ZIP HOMESTEAD, FL 33030

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

Wellington Ferguson, WELLINGTON FERGUSON 305  
235-8525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)