

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11138

1. Entity Name

ZION CHURCH OF GOD OF FLORIDA CITY, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90039 009 ****75.00

Principal Place of Business

Mailing Address

% REV. WELLINGTON FERGUSON SR.
1055 REDLAND RD.
FLORIDA CITY FL 33034

10370 SW 182ND ST.
MIAMI FL 33157-5272

2. Principal Place of Business

3. Mailing Address

ZION CHURCH OF GOD

REV. WELLINGTON FERGUSON

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1055 N.W. REDLAND ROAD

10370 S.W. 182 ST

City & State

City & State

FLORIDA CITY, FL 33

MIAMI FL

Zip

Country

Zip

Country

33034

DADE

33157

DADE

4. FEI Number

59-2600621

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERGUSON, WELLINGTON SR
10370 SW 182 ST
MIAMI FL 33157

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.

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

9. Election Campaign Financing
Trust Fund Contribution. ☒

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

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	MALLET, CHESTER	
STREET ADDRESS	449 S.W. 11TH AVE	
CITY-ST-ZIP	MIAMI FL 33030	
TITLE	S	<input type="checkbox"/> Delete
NAME	CROSS, THERESA	
STREET ADDRESS	28555 S.W. 142 CT.	
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	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wellington Ferguson

Date

FEBRUARY 8, 2000

WELLINGTON FERGUSON

Daytime Phone #

CR2E037 (9/99)