

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90135 030 \*\*\*\*\*70.00

**DOCUMENT # N11138**

1. Entity Name

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

Principal Place of Business

**1055 REDLAND RD.  
FLORIDA CITY FL 33034**

Mailing Address

**REV WELLINGTON FERGUSON  
10370 SW 182 ST  
MIAMI FL 33157**

**906872**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1055 REDLAND RD**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**FLORIDA CITY FL.**

City & State

Zip

**33034**

Country

**DADE**

Zip

Country

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

**FERGUSON, WELLINGTON SR  
10370 SW 182 ST  
MIAMI FL 33157**

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.

SIGNATURE **WELLINGTON Ferguson Sr CD**

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

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

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

TITLE **D** ☐ Delete  
NAME **MALLET, CHESTER**  
STREET ADDRESS **449 S.W. 11TH AVE**  
CITY-ST-ZIP **MIAMI FL 33030**

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

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

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

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  
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CITY-ST-ZIP

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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 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: **WELLINGTON Ferguson Sr**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)