

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90055 023 ****75.00

0025072

DOCUMENT # N11138

1. Entity Name

ZION CHURCH OF GOD OF FLORIDA CITY, INC.

Principal Place of Business

Mailing Address

1055 REDLAND RD.
 FLORIDA CITY FL 33034

REV WELLINGTON FERGUSON
 10370 SW 182 ST
 MIAMI FL 33157

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2600621

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS **291 S.E. 6 AVE**
 CITY-ST-ZIP **Homestead, FL 33030**

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

TITLE Change Addition
 NAME
 STREET ADDRESS **15013 S.W. 147 ST**
 CITY-ST-ZIP **MIAMI FL 33196**

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

TITLE Change Addition
 NAME
 STREET ADDRESS **20300 S.W. 114 PL**
 CITY-ST-ZIP **MIAMI FL 33129**

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 Wellington Ferguson Sr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E037 (9/01)