FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 11:29

DOCUMENT # **N36423** **(4)**

1. Corporation Name

HOLY ZION TEMPLE OF DELIVERANCE, INC.

Principal Place of Business	Mailing Address
HOLYZION TEMPLE OF 17801 SW 107 AVE MIAMI FL 33157 US	1933 NW 85ST MIAMI FL 33147 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/01/1990
3a. Date of Last Report: 01/25/1994
4. FEI Number: 65-0206755 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business — 21 | Suite, Apt. #, etc. — 22 | City & State — 23 | Zip — 24 | Country — 25
2a. Mailing Address — 26 | Suite, Apt. #, etc. — 27 | City & State — 28 | Zip — 29 | Country — 30

9. Name and Address of Current Registered Agent

NABBIE CLEMENTINE
1933 NW 85ST
MIAMI FL 33147

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	NABBIE, CLEMENTINE	12 NAME	
STREET ADDRESS	1933 NW 85ST	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	TD ☒ Change ☐ Addition
NAME	GRANT/RUBY	22 NAME	Mellony Brunson
STREET ADDRESS	14960 MONROE ST	23 STREET ADDRESS	9800 N.W 25 Ave Treasure
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	Miami FL 33147
TITLE	D S/S	31 TITLE	~~Assistant Secretary~~ ☐ Change ☐ Addition
NAME	TAFT, CARRIE	32 NAME	~~9800 N.W 25 Ave~~
STREET ADDRESS	14961 MONROE ST	33 STREET ADDRESS	~~Miami Fla 33147~~
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	APS ☒ Change ☐ Addition
NAME	WARD, THEORIEA	42 NAME	Mellony Brunson Trustees
STREET ADDRESS	4902 NW 18 AVE	43 STREET ADDRESS	9800 N W 25 Ave
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	Miami Fla 33147
TITLE	D T Trustees	51 TITLE	Elder Jimmie Clark ☐ Change ☐ Addition
NAME	CLARK, FRANK	52 NAME	Trustees
STREET ADDRESS	13461 SW 165TH TERR	53 STREET ADDRESS	755 NW 3 Terr
CITY-ST-ZIP	NARANJA FL	54 CITY-ST-ZIP	Florida City 33034
TITLE	P	61 TITLE	REMITTED BY MAIL ☐ Change ☐ Addition
NAME	NABBIE, CLEMENTINE	62 NAME	
STREET ADDRESS	1933 NW 85TH ST	63 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Clementine, Nabbie 4/6/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Title — Daytime Phone #

0000240