

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N36423** (4)

1. Corporation Name

HOLY ZION TEMPLE OF DELIVERANCE, INC.

Principal Place of Business

**HOLY ZION TEMPLE OF
17801 SW 107 AVE
MIAMI FL 33157
US**

Mailing Address

**1933 NW 85ST
MIAMI FL 33147
US**



3. Date Incorporated or Qualified
02/01/1990

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NABBIE CLEMENTINE
1933 NW 85ST
MIAMI FL 33147**

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

☐ DELETE

NAME

NABBIE, CLEMENTINE

STREET ADDRESS

1933 NW 85ST

CITY - ST - ZIP

MIAMI FL

TITLE

DT

☐ DELETE

NAME

BRUNSON, MELLONY

STREET ADDRESS

9800 NW 25 AVE.

CITY - ST - ZIP

MIAMI FL

TITLE

SD

☐ DELETE

NAME

TAFT, CARRIE

STREET ADDRESS

14961 MONROE ST

CITY - ST - ZIP

MIAMI FL

TITLE

DT

☐ DELETE

NAME

BRONSON, ALLISON

STREET ADDRESS

9800 NW 25 AVE.

CITY - ST - ZIP

MIAMI FL

TITLE

DT

☐ DELETE

NAME

CLARK, FRANK

STREET ADDRESS

13461 SW 165TH TERR

CITY - ST - ZIP

NARANIA FL

TITLE

P

☐ DELETE

NAME

NABBIE, CLEMENTINE

STREET ADDRESS

1933 NW 85TH ST

CITY - ST - ZIP

MIAMI FL

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

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

**11100 SW 197 ST. APT. #212, Bld. #6
MIAMI, FL 33157**

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 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Clementine Nabbie 1-15-96

Date

Daytime Phone #

CR2E037 (12/95)