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Mar 06 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

HOLYZION TEMPLE OF
17801 SW 107 AVE
MIAMI FL 33157
US1933 NW 85ST
MIAMI FL 33147-4267
US3. Date Incorporated or Qualified
02/01/19903a. Date of Last Report
02/27/1996

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 Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

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 FLTITLE DT ☐ DELETE
NAME BRUNSON, MELLONY
STREET ADDRESS 9800 NW 25 AVE.
CITY-ST-ZIP MIAMI FLTITLE SD ☐ DELETE
NAME TAFT, CARRIE
STREET ADDRESS 11100 SW 197TH STREET, APT. 212, BLDG.#6
CITY-ST-ZIP MIAMI FLTITLE DT ☒ DELETE
NAME BRONSON, ALLISON
STREET ADDRESS 9800 NW 25 AVE.
CITY-ST-ZIP MIAMI FLTITLE DT ☒ DELETE
NAME CLARK, FRANK
STREET ADDRESS 13461 SW 165TH TERR
CITY-ST-ZIP NARANIA FLTITLE P ☒ DELETE
NAME NABBIE, CLEMENTINE
STREET ADDRESS 1933 NW 85TH ST
CITY-ST-ZIP MIAMI FL1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP☐ Change ☐ Addition☒ Change ☐ Addition☐ Change ☐ Addition☐ Change ☒ Addition☐ Change ☐ Addition☐ Change ☒ Addition

14. I do 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 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

Date

Daytime Phone 0030650

CR2E037 (9/96)