


FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90020 049 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N36423					
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 1833 NW 85ST MIAMI FL 33147 US		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 02/01/1990	
4. FEI Number 65-0206755		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Trust Fund Contribution <input type="checkbox"/>			

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 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 reappointing) DATE	
12. OFFICERS AND DIRECTORS	
TITLE P <input type="checkbox"/> DELETE NAME NABBIE, CLEMENTINE STREET ADDRESS 1933 NW 85ST CITY-ST-ZIP MIAMI FL	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE TD <input type="checkbox"/> DELETE NAME BRUNSON, MELLONY STREET ADDRESS 17980 NW 67TH AVE. APT D CITY-ST-ZIP MIAMI FL	1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME T Robert Abraham 1.3 STREET ADDRESS 3173 Munday ST. 1.4 CITY-ST-ZIP Coconut Grove 33133 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD <input type="checkbox"/> DELETE NAME TAFT, CARRIE STREET ADDRESS 11100 SW 197TH STREET, APT. 212, BLDG.#8 CITY-ST-ZIP MIAMI FL	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE TD <input type="checkbox"/> DELETE NAME RICHARDSON, ANDREW C STREET ADDRESS 9401 NW 35TH COURT CITY-ST-ZIP MIAMI FL	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE T <input type="checkbox"/> DELETE NAME SMITH, BRENDA STREET ADDRESS 19841 SW 114TH AVE, APT 208 CITY-ST-ZIP MIAMI FL 33157	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE V <input type="checkbox"/> DELETE NAME LEECLARK, JIMMY STREET ADDRESS 755 NW 3RD TERRACE CITY-ST-ZIP FLORIDA CITY FL	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (11/98)

(305) 492-2612
 2-21-1999