

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 09, 2001 8:00 am**  
**Secretary of State**

02-09-2001 90211 014 \*\*\*\*61.25

**DOCUMENT # N36423**

1. Entity Name

**HOLY ZION TEMPLE OF DELIVERANCE, INC.**

Principal Place of Business

**HOLYZION TEMPLE OF  
 17801 SW 107 AVE  
 MIAMI FL 33157  
 US**

Mailing Address

**2100 NW 86 ST.  
 MIAMI FL 33147  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0206755**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NABBIE CLEMENTINE**

**1933 NW 85ST 2100 NW 86th Street  
 MIAMI FL 33147**

Name

*Same As above*

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

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

|                |   |                                 |
|----------------|---|---------------------------------|
| TITLE          | <b>P</b>  | <input type="checkbox"/> Delete |
| NAME           | <b>NABBIE, CLEMENTINE</b>                       |                                 |
| STREET ADDRESS | <b>1933 NW 85ST</b>                             |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL</b>                                 |                                 |
| TITLE          | <b>TD</b>                                       | <input type="checkbox"/> Delete |
| NAME           | <b>BRUNSON, MELLONY</b>                         |                                 |
| STREET ADDRESS | <b>17860 NW 67TH AVE. APT D</b>                 |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL</b>                                 |                                 |
| TITLE          | <b>SD</b>                                       | <input type="checkbox"/> Delete |
| NAME           | <b>TAFT, CARRIE</b>                             |                                 |
| STREET ADDRESS | <b>11100 SW 197TH STREET, APT. 212, BLDG.#6</b> |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL</b>                                 |                                 |
| TITLE          | <b>TD</b>                                       | <input type="checkbox"/> Delete |
| NAME           | <b>RICHARDSON, ANDREW C</b>                     |                                 |
| STREET ADDRESS | <b>8401 NW 35TH COURT</b>                       |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL</b>                                 |                                 |
| TITLE          | <b>T</b>  | <input type="checkbox"/> Delete |
| NAME           | <b>SMITH, BRENDA</b>                            |                                 |
| STREET ADDRESS | <b>19841 SW 114TH AVE, APT 208</b>              |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL 33157</b>                           |                                 |
| TITLE          | <b>V</b>  | <input type="checkbox"/> Delete |
| NAME           | <b>LEECLARK, JIMMY</b>                          |                                 |
| STREET ADDRESS | <b>755 NW 3RD TERRACE</b>                       |                                 |
| CITY-ST-ZIP    | <b>FLORIDA CITY FL</b>                          |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |

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:

*Clementine Nabbie* *Clementine Nabbie 24-001305-693-2612*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)