

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90052 044 ****61.25

DOCUMENT # N36423

1. Entity Name

HOLY ZION TEMPLE OF DELIVERANCE, INC.

Principal Place of Business

Mailing Address

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

**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
 2100 NW 86TH STREET
 MIAMI FL 33147**

Name

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

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	NABBIE, CLEMENTINE	
STREET ADDRESS	1933 NW 85ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BRUNSON, MELLONY	
STREET ADDRESS	17980 NW 67TH AVE. APT D	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TAFT, CARRIE	
STREET ADDRESS	11100 SW 197TH STREET, APT. 212, BLDG.#6	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RICHARDSON, ANDREW C	
STREET ADDRESS	9401 NW 35TH COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	SMITH, BRENDA	
STREET ADDRESS	19841 SW 114TH AVE, APT 208	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	V	<input type="checkbox"/> Delete
NAME	LEECLARK, JIMMY	
STREET ADDRESS	755 NW 3RD TERRACE	
CITY-ST-ZIP	FLORIDA CITY FL	

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nabbie, Clementine	
STREET ADDRESS	2100 NW 86 st	
CITY-ST-ZIP	miami, FL 33147	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAFT, Carrie	
STREET ADDRESS	291 NE 6 Ave -B-7102	
CITY-ST-ZIP	miami FL 33033	
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*

02-03-02

CR2E037 (9/01)