

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90335 028 \*\*\*\*61.25

**DOCUMENT # N36423**

1. Entity Name

HOLY ZION TEMPLE OF DELIVERANCE, INC.



Principal Place of Business

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

Mailing Address

P.O. BOX 970937  
MIAMI FL 33197  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

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. I am familiar with, and accept the obligations of registered agent.

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**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P  
NAME NABBIE, CLEMENTINE  
STREET ADDRESS 2100 NW 86 STREET  
CITY-ST-ZIP MIAMI FL 33147 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD  
NAME TAFT, CARRIE  
STREET ADDRESS 291 NE 6 AVENUE B-7102  
CITY-ST-ZIP MIAMI FL 33033 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 11146 SW 196 Street APT 110  
CITY-ST-ZIP MIAMI, FL 33157 ☒ Change ☐ Addition

TITLE TD  
NAME GUYTON, JONATHAN  
STREET ADDRESS 18942 SW 113 PL  
CITY-ST-ZIP MIAMI FL 33157 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T  
NAME SMITH, BRENDA  
STREET ADDRESS 19841 SW 114TH AVE, APT 208  
CITY-ST-ZIP MIAMI FL 33157 ☒ Delete

TITLE T  
NAME Crystal Martin  
STREET ADDRESS 11100 SW 197 St APT. 6-104  
CITY-ST-ZIP MIAMI FL 33157 ☐ Change ☒ Addition

TITLE V  
NAME THOMAS, ROSEMARIE  
STREET ADDRESS 12324 S.W. 266 TERR  
CITY-ST-ZIP MIAMI FL 33034 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 *Carrie M. Taft*

4/6/06 305-232-9164