



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90031 012 ****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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0206755	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NABBIE CLEMENTINE 2100 NW 86TH STREET MIAMI FL 33147				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	P NABBIE, CLEMENTINE 2100 NW 86 STREET MIAMI FL 33147	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TAFT, CARRIE 11140 SW 196 ST APT 5110 MIAMI FL 33157	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>V/SD TAFT, CARRIE</i> <i>11140 SW 196 ST APT C-403</i> <i>MIAMI, FL 33157</i>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARTIN, CRYSTAL 11100 SW 197 ST APT 6-104 MIAMI FL 33157	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, BRENDA 19841 SW 114TH AVE, APT 208 MIAMI FL 33157	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THOMAS, ROSEMARIE 12324 S.W. 266 TERR MIAMI FL 33034	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>T/ Thomas, Rosemarie</i> <i>12324 S.W. 266 Terr</i> <i>MIAMI, FL 33034</i>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>CARRIE TAFT V/SD</i> 3/17/07 232-9164					