

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90019 010 ****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 #

Holy Zion Temple of Deliverance

Suite, Apt. #, etc.

10701 SW 316 ST

City & State

Mia FL

Zip

33170

Country

Dade

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

Zip

33197

Country

US

1st MOORE

CR2E037 (10/07)

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

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

Carrie Taft

Signature, typed or printed name of registered agent and title (if applicable).

Carrie Taft

(NOTE: Registered Agent signature (if not typed) must be included)

4/30/08

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2008

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

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

TITLE ☐ Delete
NAME VSD
STREET ADDRESS 11140 SW 196TH ST APT C-403
CITY-ST-ZIP MIAMI FL 33157

TITLE ☐ Delete
NAME TD
STREET ADDRESS MARTIN, CRYSTAL
CITY-ST-ZIP 11100 SW 197 ST APT 6-104
MIAMI FL 33157

TITLE ☐ Delete
NAME T
STREET ADDRESS THOMAS, ROSEMARIE
CITY-ST-ZIP 12324 SW 266TH TERRACE
MIAMI FL 33034

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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 Taft

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/08

DATE

786-382-8964

Daytime Phone #