

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED
AND
FILED

95 MAY -1 AM 11:28

TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Sandra B. Northing Secretary of State DIVISION OF CORPORATIONS
--------------------------------------	--

DOCUMENT # N38764 (9)

1. Corporation Name

ZION'S PEOPLE OF THE FAMILY OF GOD, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
8315 N.E. 3RD COURT MIAMI FL 33138-3909 8315 N.E. 3RD COURT MIAMI FL 33138-3909

3. Date Incorporated or Qualified 06/25/1990 3a. Date of Last Report 04/28/1994
4. FEI Number 65-0205661 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 8315 NE 3RD COURT 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 MIAMI, Florida 28
24 33138 25 USA 29 Zip 30 Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THEVENIN, JEAN EDVA (REV)
8315 N.E. 3RD COURT
MIAMI FL 33138

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	CONSERVE, DAYARD
STREET ADDRESS	1262 N.E. 146TH STREET
CITY, ST, ZIP	MIAMI FL 33161
TITLE	TD
NAME	HYPPOLITE, J.Y. CHENET
STREET ADDRESS	551 N.W. 189TH TERR
CITY, ST, ZIP	MIAMI FL
TITLE	PD
NAME	THEVENIN, JEAN EDVA
STREET ADDRESS	8315 NE 3RD CT
CITY, ST, ZIP	MIAMI FL
TITLE	D
NAME	CONSERVE, DAYARD
STREET ADDRESS	1262 NE 146TH ST
CITY, ST, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	FREDERIC, ST. LOUIS	Change ☐ Addition ☒
12 NAME			
13 STREET ADDRESS		7201 CORAL BLVD	
14 CITY, ST, ZIP		MIRAMAR, FL 33023	
21 TITLE			Change ☐ Addition ☐
22 NAME			
23 STREET ADDRESS			
24 CITY, ST, ZIP			
31 TITLE			Change ☐ Addition ☐
32 NAME			
33 STREET ADDRESS		000001498220	
34 CITY, ST, ZIP		-05/24/95--01057--006	
41 TITLE			Change ☐ Addition ☐
42 NAME			
43 STREET ADDRESS		****147.50 ****147.50	
44 CITY, ST, ZIP			
51 TITLE			Change ☐ Addition ☐
52 NAME			
53 STREET ADDRESS			
54 CITY, ST, ZIP			
61 TITLE			Change ☐ Addition ☐
62 NAME			
63 STREET ADDRESS			
64 CITY, ST, ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attached sheet with an address.

SIGNATURE:

JEAN EDVA - THEVENIN

04/22/95 (305) 585-6633

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Typed Name)