## NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # N38764**

7. Corporation Name ZION'S PEOPLE OF THE FAMILY OF GOD, INC.				569962 - 9002U - 16			- 10	
Principal Place of Business 1262 NE 145TH ST. MIAMI FL 33161 US	12	alling Address 262 NE 146TH ST. IAMI FL 33161						
2. Principal Place of Business		Mailing Address			3. Date Incorporated of	or Qualifed	·····	
SAM	26		me		06/25/1990 4. FEI Number		1 100	plied For
Suite, Apt. #, etc.	<b>⊢</b>	Suite, Apt. #, etc.			65-0205661		<u> </u>	t Applicable
2	27	City & State					\$8.75	
City & State	28	ony a sidle			5. Certifcate of Status	Desired (2)	Fee Re	
Zip (	Country	Zip	Country	,	6. Election Campaign	Financing _	\$5.00	May Be
25	29	- r	30	•	Trust Fund Contrib	- 11	Added I	
	Address of Current Regis	stered Agent			19. Name and Addres	s of New Registere	d Agent	
· · · · · · · · · · · · · · · · · · ·		<u> </u>	81	Name				
THEVENIN, JEAN EDVA (	REVI		82	Street Add	ress (P.O. Box Number is )	Not Acceptable)		
1262 NE 146TH ST.	,		L.					
MIAMI FL 33161			63	1				
			84	City			85 Zip (	Code
•			1**	1		F	LII	
11. Pursuant to the provisions	of Sections 617.0502 and 6	17,1508, Florida State	ites, the abov	re-named corp	coration submits this staten	nent for the purpose	of changing its	registered
office or registered agent, of agent, I am familiar with, a			lorida Statute:	THE	ad when reinstating)	O DATE	4/10/9,	9_
11. Pursuant to the provisions office or registered agent, agent, am familiar with, at SIGNATURE Signature, speed or pp.		Section 617.0503, FI	lorida Statute:	THE	coration submits this staten on's board of directors. I have been refressed on the core of	O DATE	4/10/9,	<u> </u>
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CITY-ST-ZP 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 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: \*

NAME

STREET ADDRESS

**FILED** 

May 06, 1999 8:00 am Secretary of State

05-06-1999 90095 026 \*\*\*\*70.00