

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001492

Entity Name: ZION HOPE MISSIONARY BAPTIST CHURCH OF MIAMI, INC.

FILED
Apr 30, 2024
Secretary of State
7013879006CC

Current Principal Place of Business:

5129 N.W. 17TH AVENUE
MIAMI, FL 33142

Current Mailing Address:

5129 N.W. 17TH AVENUE
MIAMI, FL 33142 US

FEI Number: 65-0309277

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WOODARD, CHARLES
8775 NW 23RD AVE
MIAMI, FL 33147 US

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.

SIGNATURE: CHARLES WOODARD

04/30/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title BM
Name HILL, BENNIE L
Address 5129 N.W. 17TH AVENUE
City-State-Zip: MIAMI FL 33142

Title BM
Name WOODARD, CHARLES
Address 5129 N.W. 17TH AVENUE
City-State-Zip: MIAMI FL 33142

Title BM
Name CONEY, WILLIE
Address 5129 N.W. 17TH AVENUE
City-State-Zip: MIAMI FL 33142

Title BM
Name DORSETT, LAWANDA
Address 5129 N.W. 17TH AVENUE
City-State-Zip: MIAMI FL 33142

Title BM
Name ROBERTS, ALBERT
Address 5129 N.W. 17TH AVENUE
City-State-Zip: MIAMI FL 33142

Title BM
Name HILL, EARNESTINE
Address 5129 N.W. 17TH AVENUE
City-State-Zip: MIAMI FL 33142

Title BM
Name DEVEAUX, LELIA
Address 5129 N.W. 17TH AVENUE
City-State-Zip: MIAMI FL 33142

Title BM
Name COTTMAN-JONES, JENELL
Address 5129 N.W. 17TH AVENUE
City-State-Zip: MIAMI FL 33142

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ANTONIA COPELAND

BOARD MEMBER

04/30/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title BM
Name COPELAND, ANTONIA
Address 5129 N.W. 17TH AVENUE
City-State-Zip: MIAMI FL 33142

Title BM
Name MONROE, KATRINA
Address 5129 N.W. 17TH AVENUE
City-State-Zip: MIAMI FL 33142