

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737416

FILED
Apr 30, 2007
Secretary of State

Entity Name: NEW ZION MISSIONARY BAPTIST CHURCH OF OCALA, INC.

Current Principal Place of Business:

728 NW SIXTH AVE
OCALA, FL 34475

New Principal Place of Business:

Current Mailing Address:

728 NW SIXTH AVE
OCALA, FL 34475

New Mailing Address:

FEI Number: 59-2733427

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

THOMAS, ERIS
1339 SW 2ND ST
OCALA, FL 32670 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: JESSIE WILFORD,
Address: 1810 S.W. 5TH PLACE
City-St-Zip: OCALA, FL

Title: VD () Delete
Name: ERMA D. RUSH,
Address: 1128 S.W. 2ND STREET
City-St-Zip: OCALA, FL

Title: SD () Delete
Name: GORE, BERNARD
Address: 1961 SW 5 ST
City-St-Zip: OCALA, FL

Title: PD () Delete
Name: CECIL, WILSON
Address: 200 WILLOW ROAD
City-St-Zip: OCALA, FL 34472

Title: TD () Delete
Name: TYLER JR, HENRY A,
Address: P.O. BOX 3111
City-St-Zip: OCALA, FL 34478

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CECIL WILSON

PD

04/30/2007

Electronic Signature of Signing Officer or Director

Date