

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737416

FILED  
Apr 23, 2008  
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

Electronic Signature of Signing Officer or Director

DIR

04/23/2008

Date