FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(7)

NEW MOUNT ZION MISSIONARY BAPTIST CHURCH, INC.								
Prinolpal Place of Business Mailing Address) (ADDITE INDEL DIGIL GIBLE BINTE SOUD! INTE BIBLE DEDIL BIBLE BINTS DIGIS CODEL CODI
221 NW 8TH AVE P.O.BOX 1606 BOYNTON BECH FL 33435				221 NW 8TH AVE P.O.BOX 1606 BOYNTON BECH FL 33435				3. Date Incorporated or Qualified 10/04/1978 4. FEI Number Applied For 05-0044604 Not Applicable
2. Principal Place of Business 21				2a. Mailing Address 26				5. Certificate of Status Desired
Suite, Apt. #, etc.				Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be Trust Fund Confribution Added to Fees
City & State)		28					7. Is this nonprofit corporation a homeowners association? Yes X No
Zip 24	Country 25			D Cour		<i>.</i>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent						Name		10. Name and Address of New Registered Agent
FULLWOOD, WILBUR					82	Street A	ddress	s (P.O. Box Number is Not Acceptable)
	7 TH AVEI N B EACH				83			
12 f 1		 						
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office 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 617.0593, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and lift of applicable (NOTE Registered Agent signature required when reinstating) DATE								
12.		OFFICERS	AND DIRECTO		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME	STD Johnson, Margaret			☐ DELETE	1.1 TITLE 1.2 NAME			Change Addition
STREET ADDRESS CITY-ST-ZIP	AGG 11111 A-BEE			1.3 \$		T ADDRESS		
TITLE NAME	VD DELETE 21				2.1 TITLE 2.2 NAME			☐ Change ☐ Addition
STREET ADDRESS	504 NW 3RD STREET BOYNTON BEACH FL				2.3 STREET 2. 4 CHTY-			
CITY-ST-ZIP TITLE	PD			☐ DELETE	3.1 TITLE	31-21		Change Addition
NAME STREET ADDRESS	7357 SO WILLOWSPRING CIR. 335				3.2 NAME 3.3 STREET	i		
CITY-ST-ZIP TITLE	LANIAN	IA FL 33462		DELETE	3.4. CITY- 4.1 TITLE	ST-ZIP		Change Addition
NAME					4. 2 NAME			
STREET ADDRESS					4.3 STREET			
CITY-ST-ZIP TITLE				DELETE	4.4 CITY-5 5.1 TITLE	S1 - ZIP		Change Addition
NAME I					5.1 TILE 5.2 NAME			
STREET ADDRESS					5.3 STREET	ADDRESS		
CITY-ST-ZIP					5.4 CITY-3			

14. Thereby 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

DELETE

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

Change

Addition

FILED

May 19 1998 8:00am

Secretary of State