


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2005 8:00 am
Secretary of State

06-21-2005 90003 012 ****61.25

DOCUMENT # 744498					
1. Entity Name NEW MOUNT ZION MISSIONARY BAPTIST CHURCH, INC.					
Principal Place of Business 221 NW 8TH AVE P.O. BOX 1606 BOYNTON BECH, FL 33425		Mailing Address 221 NW 8TH AVE P.O. BOX 1606 BOYNTON BECH, FL 33425			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 05-0044604	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FULLWOOD, WILBUR 205 N.E. 7TH AVENUE BOYNTON BEACH, FL 33435			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	S/DIT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, DORIS		NAME	Jackson, Doris	
STREET ADDRESS	531 N.W. 10TH AVE.		STREET ADDRESS	531 N.W. 10th Ave	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435		CITY-ST-ZIP	Boynton Beach, FL 33435	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, LEONARD		NAME	Collins, Leonard	
STREET ADDRESS	504 NW 3RD STREET		STREET ADDRESS	504 N.W. 3rd Street	
CITY-ST-ZIP	BOYNTON BEACH, FL		CITY-ST-ZIP	Boynton Beach, FL 33435	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERKINS, J.W.		NAME	Perkins, JW	
STREET ADDRESS	1951 N.W. 1ST STREET		STREET ADDRESS	1951 N.W. 1st Street	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435		CITY-ST-ZIP	Boynton Beach, FL 33435	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Johnson, Margaret	
STREET ADDRESS			STREET ADDRESS	623 N.W. 5th Street	
CITY-ST-ZIP			CITY-ST-ZIP	Boynton Beach, FL 33435	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Doris Jackson</u> DORIS JACKSON			6/13/05		561-732-0933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #