


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 744498**

1. Entity Name  
**NEW MOUNT ZION MISSIONARY BAPTIST CHURCH, INC.**



Principal Place of Business <b>221 NW 8TH AVE          P.O. BOX 1606          BOYNTON BECH, FL 33425</b>	Mailing Address <b>221 NW 8TH AVE          P.O. BOX 1606          BOYNTON BECH, FL 33425</b>
---	---

**DO NOT WRITE IN THIS SPACE**



04062006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>05-0044604</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

8. Name and Address of Current Registered Agent

**FULLWOOD, WILBUR  
 205 N.E. 7TH AVENUE  
 BOYNTON BEACH, FL 33435**

**DO NOT WRITE IN THIS SPACE**

6. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT JACKSON, DORIS 531 N.W. 10TH AVE. BOYNTON BEACH, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COLLINS, LEONARD 504 NW 3RD STREET BOYNTON BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PERKINS, J.W. 1951 N.W. 1ST STREET BOYNTON BEACH, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, MARGARET 623 NW 5TH STREET BOYNTON BEACH, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000518861  
 05/02/06-80029-016 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *Doris Jackson* **Doris Jackson** **4/17/06** **561-732-0333**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #