


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2008 08:00 AM
Secretary of State

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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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 filer if applicable (NOTE: Registered Agent signature required when re-registering)</small>			
DATE _____			



1st MOORE CR2E037 (10/07)

4. FEI Number 05-0044604 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	SDT JACKSON, DORIS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	531 N.W. 10TH AVE.	NAME	U00000871684
STREET ADDRESS	BOYNTON BEACH FL 33435	STREET ADDRESS	04/10/08-80008-017 61.25
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, LEONARD	NAME	
STREET ADDRESS	504 NW 3RD STREET	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERKINS, J.W.	NAME	
STREET ADDRESS	1951 N.W. 1ST STREET	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, MARGARET	NAME	
STREET ADDRESS	623 NW 5TH STREET	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULLWOOD, WILBUR	NAME	
STREET ADDRESS	205 N.E. 7TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	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 exemptions contained in Section 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: *Wilbur Fullwood* Wilbur Fullwood 03-25-08