

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 744498

FILED
Oct 31, 2009
Secretary of State

Entity Name: NEW MOUNT ZION MISSIONARY BAPTIST CHURCH, INC.

Current Principal Place of Business:

221 NW 8TH AVE
P.O.BOX 1606
BOYNTON BECH, FL 33425

New Principal Place of Business:

221 NW 8TH AVE
BOYNTON BECH, FL 33435

Current Mailing Address:

221 NW 8TH AVE
P.O.BOX 1606
BOYNTON BECH, FL 33425

New Mailing Address:

P.O. BOX 1606
BOYNTON BECH, FL 33425

FEI Number: 05-0044604

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SDT () Delete
Name: JACKSON, DORIS
Address: 531 N.W. 10TH AVE.
City-St-Zip: BOYNTON BEACH, FL 33435

Title: VD () Delete
Name: COLLINS, LEONARD
Address: 504 NW 3RD STREET
City-St-Zip: BOYNTON BEACH, FL

Title: PD () Delete
Name: PERKINS, J.W.
Address: 1951 N.W. 1ST STREET
City-St-Zip: BOYNTON BEACH, FL 33435

Title: D () Delete
Name: JOHNSON, MARGARET
Address: 623 NW 5TH STREET
City-St-Zip: BOYNTON BEACH, FL 33435

Title: D () Delete
Name: FULLWOOD, WILBUR
Address: 205 N.E. 7TH AVENUE
City-St-Zip: BOYNTON BEACH, FL 33435

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: DORIS JACKSON

SDT

10/31/2009

Electronic Signature of Signing Officer or Director

Date