FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 24 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name 764284

(6)

NEW MOUNT ZION BAPTIST CHURCH, INC.

Principal Place	e of Business		Mailing Addre	SS			-	I HARAIN IAANIA ANIIN ANANA HARAI IONI		MARIA BARRIL EMBAR I		
461 N.W. 8TH FLORIDA CITY				P.O. BOX 3476 FLORIDA CITY FL 33034								
			00				ſ	 Date Incorporated or Qualified 07/23/1982 	3a. C	ate of Last R 03/06/19		
2. Principal P	lace of Busines	S	2a. Mailing Ad	2a. Mailing Address				4. FEI Number		Ar	oplied For	
21			26					59-2369755		XN	ot Applicable	
Suite, Apt.	#, etc.		Suite, Apt.	Suite, Apt. #, etc.				5. Certificate of Status Desired		y = · · · = ·	Additional equired	
City & State	e		City & Sta	City & State				6. Election Campaign Financing	·····	\$5.00	May Be	
23			28					Trust Fund Contribution			to Fees	
Zip		Country	Zip				8. This corporation has liab				. 199.032,	
24	25	<u> </u>	29	11			Florida Statutes Yes No					
Name and Address of Current Registered Agent						.1	1	10. Name and Address of New Registered Agent				
					81	Name						
FERGUSON,LARRY,PASTOR 205 N.W. 7TH AVE.						Street .	Address	(P.O. Box Number is Not Accepta	ble)			
	A CITY FL 33	na.							***************************************			
LOTAD	n oill ic oo	PUUT			ļ							
					84	City			FL	85 Zip	Code	
office or r	registered agen	t, or both, in the St	0502 and 617.1508, Fl tate of Florida. Such ch oligations of, Section 6	ange was auth	orized b	y the corp	corpora poration	tion submits this statement for the s board of directors. I hereby access	purpose o	of changing it pointment as	ts registered registered	
SIGNATURE												
Signature, typed or printed name of registered agent and little if applicable. (NOTE Registe						eni signature	required w	hen reinstating)	DATE			
12.		OFFICERS	AND DIRECTORS	DELETE	13.			ADDITIONS/CHANGES TO OFFI	CERS AN	V		
TITLE	V0	PA 111		DELETE	1.1 TITLE					L Change	Addition	
NAME	LEE, JAM			1.2 NAME							ļ	
STREET ADDRESS		1TH STREET				T ADDRESS						
CITY-ST-ZIP TITLE	FLORIDA	UIIT FL		DELETE	1.4 CITY- 2.1 TITLE	ST-ZIP	ļ <u></u>	· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition	
	D HOOD OL	ACDA (A.L.)	i —i	DELLIE						☐ Change	- Addition	
NAME	MOSS, SI				2.2 NAME		i					
STREET ADDRESS	1478 NW	•				T ADDRESS	ł					
CITY-ST-ZIP	FLORIDA	UIT FL		DELETE 3.1 TI		-ST-ZIP	 			Change	Addition	
TITLE	S	CLENDA	اسا	3.1 N						crange		
NAME	1438 NW	, GLENDA										
STREET ADDRESS				·		T ADDRESS	1					
CITY-ST-ZIP TITLE		CITY FL 33034	T T	DELETE	3.4 CITY					Change	Addition	
NAME	PD	N, LARRY	Li		4. 2 NAME		1			Print County	Last recontrol	
	205 NW 7					T ADDRESS						
STREET ADDRESS	FLORIDA											
CITY-ST-ZIP TITLE		OHIFL		DELETE	4.4 CITY- 5.1 TITLE					Change	Addition	
NAME	TR	KAN, MOSES			5.2 NAME							
STREET ADDRESS		/ 159 AVE.				T ADDRESS						
CITY-ST-ZIP		AD FL 33030										
TITLE	HUMESIE	-AN LE 99090		DELETE	5.4 CITY - 6.1 TITLE		-			Change	Addition	
NAME			Li	product to	6.2 NAME					And Andrigo	Land Factorial	
STREET ADDRESS												
						T ADDRESS						
CITY-ST-ZIP	<u> </u>				6.4 CITY -	51-ZIP	<u> </u>					

14. I do 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 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.

SIGNATURE: __

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SOLUTION DEL 19-04 Date 19-04 Da