SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25). NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 764284 (6)NEW MOUNT ZION BAPTIST CHURCH, INC.

FILED Jul 30 1998 8:00am° Secretary of State

Principal Place	e of Business	Mailing Address	Mailing Address				isen esest eseit eses esest sees	
461 N.W. 8TH AVE.		P.O. BOX 3476			3. Date incorporated or Qualified			
FLORIDA CITY FL 33034		FLORIDA CITY FL 33034-3476			07/23/1982			
		US			4. FEI Number	Applied For		
						<u>59-2369755</u>	Not Applicable	
2. Principal Pi	lace of Business	2a. Mailing Address				5. Certificate of Status Desired	\$8.75 Additional	
21	41 -4-	26					Fee Required	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
22 City & State	A	City & State	City & State			7. Is this nonprofit corporation a homeowners association?		
23		28				Yes No		
Zip Country		Zip	Zip Country			8. This corporation owes or has paid the current year intangible		
24	25	29 3	10			Personal Property Tax due June 30.	Yes No	
	9. Name and Address of Current	Registered Agent		منا من		10. Name and Address of New Registered	Agent	
				81 Na	ime			
	N,LARRY,PASTOR		82 Street Ad		reet Addres	dress (P.O. Box Number is Not Acceptable)		
205 N.W.			83					
FLURIDA	CITY FL 33034							
				84 Ci	ly	FL	85 Zip Code	
11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered								
agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12	
TITLE	VD	DELETE	1.5 TIT	LE			Change Addition	
NAME .	LEE, JAMES W		1.2 NA					
STREET ADDRESS	530 NW 11TH STREET			REET ADD	RESS			
CITY-ST-ZIP	FLORIDA CITY FL		1.4 CITY-ST-ZIP 2.1 TITLE			******		
TITLE	D D	L DELETE	DELETE 2.2 NAME				Change Addition	
NAME ATTICET LOADSON	M QS S, SHERMAN 14 78 N W 8TH AVE.				eee			
STREET ADDRESS CITY-ST-ZIP	FLORIDA CITY FL		L	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP				
TITLE	S DELETE		3.1 TITLE				Change Addition	
NAME	ROBERTS, GLENDA		3.2 NAME					
STREET ADDRESS	1438 NW 7 PL		3.3 STF	REET ADDR	ESS			
CITY-ST-ZIP	FLORIDA CITY FL 33034		3.4 CIT	Y-ST-ZIP				
TITLE	PD	DELETE	4.1 TIT	ιE			Change Addition	
NAME	FERGUSON, LARRY		4.2 NA	ME				
STREET ADDRESS			4.3 STF	REET ADDR	ESS			
CITY-ST-ZIP	FLORIDA CITY FL			Y-ST-ZIP				
TITLE	TR	DELETE	5.1 TIT		ļ		Change Addition	
NAME	PENNERMAN, MOSES		5.2 NA					
STREET ADDRESS	1		5.3 STREET ADDRESS		ŒSS			
CITY-ST-ZIP	HOMESTEAD FL 33030		6.4 CITY-ST-ZIP					
TITLE		DELETE	6.2 NA				Change Addition	
NAME			1 1	ME REET ADDF	Eec			
STREET ADDRESS				KEET AUGU Y-ST-ZIP	Loo			
14. I hereby o	ertify that the information supplied with	this filing does not qualify for the	э өх	tion stat	ted in section	on 119.07(3)(I), Florida Statutes. I further certify	that the information	
Indicated (on this annual report or supplemental	annual report is true and accura	te s	hat my :	sionature s	shall have the same legal effect as if made und	ler cath: that I am	

an officer or director of the corporation or the receiver or trustee empowered to exe in Block 12 or Block 13 if changed, or on an attachment with an address. this report as required by Chapter 617, Florida Statutes; and that my name appears