

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2001 8:00 am
Secretary of State

01-13-2001 90007 044 ****61.25

DOCUMENT # 764284

1. Entity Name

NEW MOUNT ZION BAPTIST CHURCH, INC.

Principal Place of Business

461 N.W. 8TH AVE.
 FLORIDA CITY FL 33034

Mailing Address

P.O. BOX 3476
 FLORIDA CITY FL 33034-3476
 US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2369755

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERGUSON, LARRY, PASTOR
205 N.W. 7TH AVE.
FLORIDA CITY FL 33034

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	LEE, JAMES W	
STREET ADDRESS	530 NW 11TH STREET	
CITY-ST-ZIP	FLORIDA CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOSS, SHERMAN	
STREET ADDRESS	1478 NW 8TH AVE.	
CITY-ST-ZIP	FLORIDA CITY FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROBERTS, GLENDA	
STREET ADDRESS	1438 NW 7 PL	
CITY-ST-ZIP	FLORIDA CITY FL 33034	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FERGUSON, LARRY	
STREET ADDRESS	205 NW 7TH AVE.	
CITY-ST-ZIP	FLORIDA CITY FL	
TITLE	TR	<input type="checkbox"/> Delete
NAME	PENNERMAN, MOSES	
STREET ADDRESS	28101 SW 159 AVE.	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 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

Larry Ferguson **RECORDED** *1/7/01* **(305) 247-7574**

Date

Daytime Phone #

0091440

CR2E037 (10/00)