

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90025 032 ****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2369755

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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 checked="" type="checkbox"/> Delete
NAME	MOSS, SHERMAN	
STREET ADDRESS	1478 NW 8TH AVE.	
CITY-ST-ZIP	FLORIDA CITY FL	
TITLE	S	<input checked="" 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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERNELLA PETERS	
STREET ADDRESS	12815 SW 146 TER.	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOUISE RIVERA	
STREET ADDRESS	20880 SW 240 STREET	
CITY-ST-ZIP	MIAMI, FL 33031	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/01)

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: *Rev. Larry Ferguson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-02 (305)
 247-7574
 Date Daytime Phone #