

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764284

FILED
Sep 14, 2009
Secretary of State

Entity Name: NEW MOUNT ZION BAPTIST CHURCH, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3476
FLORIDA CITY, FL 330343476 US

New Mailing Address:

FEI Number: 59-2369755 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FERNELLA PETERS
461 N. W. 8TH AVENUE
FLORIDA CITY, FL 33034 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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RUSSELL, PHILLIP
Address: 861 S. W. 2ND STREET
City-St-Zip: FLORIDA CITY, FL 33034

Title: VD () Delete
Name: FERGUSON, FRANKLIN
Address: P. O. BOX 771182
City-St-Zip: MIAMI, FL 33177

Title: T () Delete
Name: PETERS, FERNELLA
Address: P. O. BOX 771182
City-St-Zip: MIAMI, FL 33177

Title: S () Delete
Name: MINNIS, LORETTA
Address: 29822 S. W. 166TH COURT
City-St-Zip: HOMESTEAD, FL 33033

Title: TC () Delete
Name: FERGUSON, FRANKLIN
Address: P. O. BOX 771182
City-St-Zip: MIAMI, FL 33177

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: FERNELLA PETERS

T

09/14/2009

Electronic Signature of Signing Officer or Director

_____ Date