

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2003 8:00 am**  
**Secretary of State**

09-12-2003 90102 006 \*\*\*\*70.00

0001406

**DOCUMENT # N00000007024**

1. Entity Name

**FIRST NEW ZION BAPTIST CHURCH, INC.**



Principal Place of Business  
**8225 MONCRIEF DINSMORE RD.  
JACKSONVILLE FL 32219**

Mailing Address  
**8225 MONCRIEF DINSMORE RD.  
JACKSONVILLE FL 32219**

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 **59-2903979**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**REED, LEON A  
2330 DOLPHIN AVE  
JACKSONVILLE FL 32218**

7. Name and Address of New Registered Agent

Name **Erich J. Jackson**

Street Address (P.O. Box Number is Not Acceptable)

**10535 Lem Turner Rd. #224**

City **Jacksonville, FL**

FL

Zip Code **32218**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Erich J. Jackson*

(NOTE: Registered Agent signature required when reinstating)

**9/7/03**

DATE

**FILE NOW: FEE IS \$61.25  
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete  
NAME **BIRD, LEON**  
STREET ADDRESS **2330 DOLPHIN AVE**  
CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE **D** ☐ Delete  
NAME **TRICE, ANNIE**  
STREET ADDRESS **7961 MONCRIFT DINA RD**  
CITY-ST-ZIP **JACKSONVILLE FL 32219**

TITLE **D** ☐ Delete  
NAME **MOORE, JOSEPH**  
STREET ADDRESS **4648 ABENDALE AVE N**  
CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Change ☐ Addition  
NAME **Reed, Leon A.**  
STREET ADDRESS **2330 Dolphin Ave.**  
CITY-ST-ZIP **Jacksonville, FL 32218**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Erich J. Jackson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**September 7, 2003 (904) 764-9016**

Date Daytime Phone #

CR2E037 (4/03)