

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N01000001173

1. Entity Name

GREATER NEW MT. ZION MISSIONARY BAPTIST
CHURCH, INC.



FILED
Aug 20, 2008 08:00 AM
Secretary of State

Principal Place of Business
1720 PEAR AVE.
SANFORD FL 32771

Mailing Address
1720 PEAR AVE.
SANFORD FL 32771



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
10-0001173

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

2nd MOORE CR2E037 (4/08)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACKSON, ROBERT
1895 W. 18TH ST.
SANFORD FL 32771

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

SIGNATURE

Robert Jackson / Trustee

8/18/08

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
Due By September 3, 2008

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 TRD ☐ Delete
NAME JACKSON, ROBERT
STREET ADDRESS 1895 W. 18TH ST.
CITY-ST-ZIP SANFORD FL 32771

TITLE TRD ☐ Delete
NAME WILLIAMS, GARY
STREET ADDRESS 1122 ORANGE AVE.
CITY-ST-ZIP SANFORD FL 32771

TITLE TRD ☐ Delete
NAME LAW, VERNON
STREET ADDRESS 1720 PEAR AVE.
CITY-ST-ZIP SANFORD FL 32771

TITLE TR ☐ Delete
NAME BROWN, DELORES J
STREET ADDRESS 1716 MULBERRY AVE
CITY-ST-ZIP SANFORD FL 32771

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 ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000958041
CITY-ST-ZIP 08/20/08-80003-009 70.00

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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 exemptions contained 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 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

Robert Jackson / Trustee

8/18/08