

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

FILED
Mar 12, 2008 08:00 A
Secretary of State

DOCUMENT # N01000003713

1. Entity Name

NEW MT. ZION HUMAN SERVICES, INC.

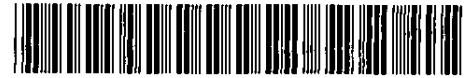


Principal Place of Business

500 W. 23RD ST.
HIALEAH FL 33010

Mailing Address

P O BOX 110863
HIALEAH FL 33011



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/07)

4. FEI Number

65-1142998

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRACE, EDWARD
6330 N. MIAMI COURT
MIAMI FL 33150

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

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

(NOTE: Registered Agent signature is required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 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 ☐ Delete
NAME GRACE, EDWARD
STREET ADDRESS 6330 N. MIAMI CT.
CITY-ST-ZIP MIAMI FL 33150

TITLE ☐ Delete
NAME COX, RUTH M
STREET ADDRESS 19515 W. LAKE DRIVE
CITY-ST-ZIP HIALEAH FL 33015

TITLE ☐ Delete
NAME SCROGGINS, GAY
STREET ADDRESS 575 W. 25 ST.
CITY-ST-ZIP HIALEAH FL 33010

TITLE ☐ Delete
NAME WEEMS, JAMES
STREET ADDRESS 2981 N.W. 171 ST.
CITY-ST-ZIP OPA LOCKA FL 33054

TITLE ☐ Delete
NAME JACKSON, SHARON
STREET ADDRESS 470 W. 23RD ST., #204
CITY-ST-ZIP HIALEAH FL 33010

TITLE ☐ Delete
NAME WOMBLE, ANTOINETTE
STREET ADDRESS 7630 HARBOUR RD.
CITY-ST-ZIP MIRAMAR FL 33023

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

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CITY-ST-ZIP

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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 exemptions contained in Section 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:

James Womble

03-10-08

305-887-3621