

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003713

FILED
Jan 15, 2009
Secretary of State

Entity Name: NEW MT. ZION HUMAN SERVICES, INC.

Current Principal Place of Business:

500 W. 23RD ST.
HIALEAH, FL 33010

New Principal Place of Business:

Current Mailing Address:

P O BOX 110863
HIALEAH, FL 33011

New Mailing Address:

FEI Number: 65-1142998

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRACE, EDWARD
6330 N. MIAMI COURT
MIAMI, FL 33150 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: DCEO () Delete
Name: GRACE, EDWARD
Address: 6330 N. MIAMI CT.
City-St-Zip: MIAMI, FL 33150

Title: T () Delete
Name: COX, RUTH M
Address: 19515 W. LAKE DRIVE
City-St-Zip: HIALEAH, FL 33015

Title: T () Delete
Name: SCROGGINS, GAY
Address: 575 W. 25 ST.
City-St-Zip: HIALEAH, FL 33010

Title: SD () Delete
Name: WEEMS, JAMES
Address: 2981 N.W. 171 ST.
City-St-Zip: OPA LOCKA, FL 33054

Title: ASD () Delete
Name: JACKSON, SHARON
Address: 470 W. 23RD ST., #204
City-St-Zip: HIALEAH, FL 33010

Title: TD () Delete
Name: WOMBLE, ANTOINETTE
Address: 7630 HARBOUR RD.
City-St-Zip: MIRAMAR, FL 33023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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City-St-Zip:

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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: EDWARD GRACE

DCEO

01/15/2009

Electronic Signature of Signing Officer or Director

Date