

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 SEP 30 AM 8:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** N0100006884

**1. Corporation Name** New Mount Zion Missionary Baptist Church  
of Daytona Beach, Incorporated

**REINSTATEMENT**

CHECK FOR 2002 INFO  
08/06/02 - 90128-033-461.25

**2. Principal Office Address** 515 Dr.  
Mary McLeod Bethune, Blvd.  
Suite, Apt. #, etc.

**3. Mailing Office Address** 515 Dr.  
Mary McLeod Bethune, Blvd.  
Suite, Apt. #, etc.

**City & State**  
Daytona Beach, Florida

**City & State**  
Daytona Beach, Florida

**Zip** 32114  
**Country** Volusia

**Zip** 32114  
**Country** Volusia

**4. Date Incorporated or Qualified  
To Do Business in Florida** 09-21-2001

**5. FEI Number** 59-239-54-87  
**Applied For** Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐ \$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

**Name**  
Bettye R. Williams Prince

**Street Address (P.O. Box Number is Not Acceptable)**  
41304 Laurel Drive

**Suite, Apt. #, Etc.**

**City**  
Daytona Beach

**State** FL  
**Zip Code** 32114

500023451275  
09/28/03 01030 001 ##61.25

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

**Signature of  
Registered Agent** Betty R. Prince

**Date** September 26, 2003

REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Trustee	Rev. Ernest C. Cook, Sr.	160 Big Bend Drive	Daytona Bch, FL 32114
Dec.	John Stevens	314 N. Seneca Drive	Daytona Bch, FL 32114
Tres.	Betty J. Hawkins	835 Kettle Circle	Daytona Bch, FL 32114

**10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chairman Trustee Min 9/26/03 (386) 481-2563

Date

Daytime Phone #

CR2E081 (10/02)

700/1

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N01000006884**

1. Corporation Name

**NEW MOUNT ZION MISSIONARY BAPTIST CHURCH OF DAYTONA BEACH, INCORPORATED**

Principal Place of Business

**515 DR. MARY MCLEOD BETHUNE BOULEVARD  
DAYTONA BEACH FL 32114**

Mailing Address

**23 COQUINA POINT DRIVE  
ORMOND BEACH FL 32174**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

**515 Dr. Mary M. Bethune Blvd**

Suite, Apt. #, etc.

City & State

**Daytona Beach, FL**

Zip

**32114**

Country

**Volusia**

4. Date Incorporated or Qualified To Do Business in Florida

**09/21/2001**

5. FEI Number

**59-239-54-87**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
TRUSTEE	Rev. Ernest C. Cook, Sr.	160 BIG BEND DRIVE	Daytona Beach, FL 32114
Deacon	John Stevens	314 N. Seneca Drive	Daytona Beach, FL 32114
Tres.	Betty J. Hawkins	835 Kettle Circle	Daytona Beach, FL 32114

8. Name and Address of Current Registered Agent

**ENGRAM, GEORGE W JR.  
816 IRON HORSE DRIVE  
DAYTONA BEACH FL 32114**

9. Name and Address of New Registered Agent

Name

**Betty R. Williams Prince**

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

**1304 Laurel Drive**

Suite, Apt. #, Etc.

**Bea**

City

**Daytona Beach,**

State

**FL**

Zip Code

**32117**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date **10/24/02**

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**10/24/02**

Daytime Phone #

**(386) 481-2563**

September 26, 2001

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, Florida 32314-6327

RE: Document Number: N01000006884

Dear Sir:

I spoke with a representative from your office on September 26, 2003 regarding our church, New Mount Zion Missionary Baptist Church, Incorporated not receiving an Uniform Business Report for 2003. I was not sure if the mix-up was due to a change of mailing address and registered agent.

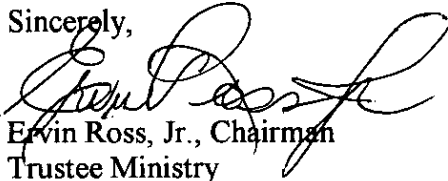
Last year I was asked to complete on data on the reinstatement form for 2002, which I did and returned it to your office. Unfortunately we did not receive one this year either.

Therefore, I was instructed by your office to complete a reinstatement form with all the corrected information and request that the reinstatement fee be waived, plus send a check in the amount of \$61.25 for the 2003 filing year. I was asked to provide the following information showing my check was deposited.

Check Deposited on 08/06/02 - 90128-033-\$61.25

I certainly appreciate the detail search that your office provided in assisting me to resolved this matter.

Sincerely,



Ervin Ross, Jr., Chairman  
Trustee Ministry