


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000008738	
1. Entity Name NEW ZION MISSIONARY BAPTIST CHURCH, INC.	

Principal Place of Business 556 LINCOLN DR. CHATTAHOOCHEE, FL 32324	Mailing Address P. O. BOX 815 CHATTAHOOCHEE, FL 32324
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01112005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3695263	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MCCORMICK, MICHAEL K 38 DECATUR ST. CHATTAHOOCHEE, FL 32324
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DO NOT WRITE IN THIS SPACE

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 required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VPTD HOLMES, SYLVESTER TREASUR 402 EAST LINCOLN DRIVE CHATTAHOOCHEE, FL 32324
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PD ATKINS, JAMES V.P. 34 SHEPARD STREET CHATTAHOOCHEE, FL 32324
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TITLE NAME STREET ADDRESS CITY-ST- ZIP	

<p>U00000283272 04/06/05-80013-022 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 ATKINS 4/2/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #