


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2004 8:00 am
Secretary of State

05-03-2004 90444 046 ****61.25

DOCUMENT # N02000005819	
1. Entity Name NEW MOUNT ZION MISSIONARY BAPTIST CHURCH INC.	

Principal Place of Business 1513 N 23 NORTH FT PIERCE, FL 34950	Mailing Address 1513 N 23 NORTH FT PIERCE, FL 34950
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03032004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1703760	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

PHILPART, TOBY T
 1513 N 23 NORTH
 FT-PIERCE, FL 34950

DO NOT WRITE IN THIS SPACE

9. 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 reissuing) DATE

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PHILPART, T.T. REV
STREET ADDRESS	1513 N 23RD STREET
CITY-ST-ZIP	FORT PIERCE, FL 34950
TITLE	DP
NAME	GIBSON, J.C. DEC
STREET ADDRESS	424 N 28TH STREET
CITY-ST-ZIP	FORT PIERCE, FL 34947
TITLE	S
NAME	MACK, RACHEL
STREET ADDRESS	1601 N 22ND STREET
CITY-ST-ZIP	FORT PIERCE, FL 34950
TITLE	D
NAME	John Rogers
STREET ADDRESS	10840 Mueller Road
CITY-ST-ZIP	Ft Pierce, FL 34945
TITLE	D
NAME	Shirley Gibson
STREET ADDRESS	424 N 28th St
CITY-ST-ZIP	Ft Pierce, FL 34947
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #