

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005819

FILED  
Apr 26, 2005  
Secretary of State

Entity Name: NEW MOUNT ZION MISSIONARY BAPTIST CHURCH INC.

**Current Principal Place of Business:**

1513 N 23 NORTH  
FT PIERCE, FL 34950

**New Principal Place of Business:**

**Current Mailing Address:**

1513 N 23 NORTH  
FT PIERCE, FL 34950

**New Mailing Address:**

FEI Number: 06-1703760      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PHILPART, TOBY T  
1513 N 23 NORTH  
FT PIERCE, FL 34950      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: D      ( ) Delete  
Name: PHILPART, T.T. REV  
Address: 1513 N 23RD STREET  
City-St-Zip: FORT PIERCE, FL 34950

Title: DP      ( ) Delete  
Name: GIBSON, J.C. DEC  
Address: 424 N 28TH STREET  
City-St-Zip: FORT PIERCE, FL 34947

Title: S      ( ) Delete  
Name: MACK, RACHEL  
Address: 1601 N 22ND STREET  
City-St-Zip: FORT PIERCE, FL 34950

Title: D      ( ) Delete  
Name: ROGERS, JOHN  
Address: 10840 MUELLER ROAD  
City-St-Zip: FORT PIERCE, FL 34945

Title: D      ( ) Delete  
Name: GIBSON, SHIRLEY  
Address: 424 N 29TH ST  
City-St-Zip: FORT PIERCE, FL 34947

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
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 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 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: TOBY T. PHILPART

D

04/26/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date