

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005819

FILED
Apr 11, 2007
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: BUSH, ANITA
Address: 2504 AVENUE P
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: BARNES, BETTY
Address: 2725 NAJAVO AVENUE
City-St-Zip: FORT PIERCE, FL 34947

Title: D () Delete
Name: HICKS, WILLIAM
Address: 6103 PINE TREE AVENUE
City-St-Zip: FORT PIERCE, FL 34982

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:

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 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: TOBY T. PHILPART

Electronic Signature of Signing Officer or Director

REV

04/11/2007

_____ Date