

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

**FILED  
Jan 16, 2005  
Secretary of State**

DOCUMENT# N04000006848

Entity Name: NEW MOUNT ZION BUS MINISTRY, INC.

**Current Principal Place of Business:**

2511 EAST COLUMBUS DRIVE  
TAMPA, FL 33605

**New Principal Place of Business:**

**Current Mailing Address:**

2511 EAST COLUMBUS DRIVE  
TAMPA, FL 33605

**New Mailing Address:**

FEI Number: 01-0817616      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LEWIS, DAVID  
2511 EAST COLUMBUS DRIVE  
TAMPA, FL 33605      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: FORT, CLARENCE  
Address: 4907 84TH STREET  
City-St-Zip: TAMPA, FL 33619

Title: D      ( ) Delete  
Name: LOVETT, JOHN C  
Address: 1510 SAKONNETT COURT  
City-St-Zip: BRANDON, FL 33511

Title: D      ( ) Delete  
Name: LEWIS, DAVID  
Address: 2511 COLUMBUS DRIVE  
City-St-Zip: TAMPA, FL 33605

Title: D      ( ) Delete  
Name: WASHINGTON, BOOKER T  
Address: 4416 JOHN BELL DRIVE  
City-St-Zip: TAMPA, FL 33610

Title: D      (X) Delete  
Name: WADE, RICKY  
Address: 2511 COLUMBUS DRIVE  
City-St-Zip: TAMPA, FL 33605

**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: DAVID LEWIS

D

01/16/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date