2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006848

FILED Feb 11, 2007 Secretary of State

Entity Name: NEW MOUNT ZION BUS MINISTRY, INC.

Current Principal Place of Business: New Principal Place of Business: 2511 EAST COLUMBUS DRIVE TAMPA, FL 33605 **Current Mailing Address: New Mailing Address:** 2511 EAST COLUMBUS DRIVE TAMPA, FL 33605 FEI Number: 01-0817616 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEWIS, DAVID 2511 EAST COLUMBUS DRIVE TAMPA, FL 33605 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete FORT, CLARENCE Name: Name: Address: **4907 84TH STREET** Address: City-St-Zip: TAMPA, FL 33619 City-St-Zip: Title: () Delete Title: () Change () Addition Name: LOVETT, JOHN C Name: Address: 1510 SAKONNETT COURT Address: City-St-Zip: BRANDON, FL 33511 City-St-Zip: Title: () Delete Title: () Change () Addition LEWIS, DAVID Name: Name: 2511 COLUMBUS DRIVE Address: Address: City-St-Zip: TAMPA, FL 33605 City-St-Zip: Title: () Delete Title: () Change () Addition WASHINGTON, BOOKER T Name: Name: 4416 JOHN BELL DRIVE Address: Address: City-St-Zip: TAMPA, FL 33610 City-St-Zip: Title: Title: SEC () Delete () Change () Addition WILSON, YVONNE Name: Name: 3810 E NORFOLK STREET Address: Address: City-St-Zip: TAMPA, FL 33604 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: DAVID LEWIS D 02/11/2007