


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2008 8:00 am
Secretary of State

05-13-2008 90010 036 ****70.00

DOCUMENT # N05000002586						
1. Entity Name NEW MOUNT ZION HOLINESS CHURCH #2 INC.						
Principal Place of Business 1004 SE 10TH AVE. GAINESVILLE, FL 32601			Mailing Address 1004 SE 10TH AVE. GAINESVILLE, FL 32601			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE		
				Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
TYSON, BARBARA 1004 SE 10TH AVE. GAINESVILLE, FL 32601			Name			
			Street Address (P.O. Box Number is Not Acceptable)			
			City		FL	Zip Code
8. 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____						
Filing Fee Is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
				Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	TYSON, BARBARA		NAME			
STREET ADDRESS	1004 SE 10TH AVE.		STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE, FL 32601		CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FERGUSON, BERNETHEL		NAME			
STREET ADDRESS	1755 W. 42ND		STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32209		CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WALKER, YVONNE		NAME			
STREET ADDRESS	1633 KEATS RD.		STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL-32208		CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WILSON, JOSEPH H		NAME			
STREET ADDRESS	8203 NW 31ST AVE., APT. B8		STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32606		CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ALSTON, INEZ H		NAME			
STREET ADDRESS	2401 NE 70TH ST.		STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE, FL 32609		CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Barbara Tyson</i>			Date: <i>5-12-08</i> Daytime Phone #: <i>352-692-5553</i>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						