

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002586

FILED
Apr 14, 2009
Secretary of State

Entity Name: NEW MOUNT ZION HOLINESS CHURCH #2 INC.

Current Principal Place of Business:

1004 SE 10TH AVE.
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

1004 SE 10TH AVE.
GAINESVILLE, FL 32601

New Mailing Address:

FEI Number: 73-1714224

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TYSON, BARBARA
1004 SE 10TH AVE.
GAINESVILLE, FL 32601 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: TYSON, BARBARA
Address: 1004 SE 10TH AVE.
City-St-Zip: GAINESVILLE, FL 32601

Title: D () Delete
Name: FERGUSON, BERNETHEL
Address: 1755 W. 42ND
City-St-Zip: JACKSONVILLE, FL 32209

Title: D () Delete
Name: WALKER, YVONNE
Address: 1633 KEATS RD.
City-St-Zip: JACKSONVILLE, FL 32208

Title: D () Delete
Name: WILSON, JOSEPH H
Address: 8203 NW 31ST AVE., APT. B8
City-St-Zip: JACKSONVILLE, FL 32606

Title: D () Delete
Name: ALSTON, INEZ H
Address: 2401 NE 70TH ST.
City-St-Zip: GAINESVILLE, FL 32609

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 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: BARBARA TYSON

PAST

04/14/2009

Electronic Signature of Signing Officer or Director

_____ Date