

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000011539

FILED
Jan 08, 2012
Secretary of State

Entity Name: NEW MOUNT ZION WORSHIP CENTER, INC.

Current Principal Place of Business:

3150 WEST BROWARD BLVD
FORT LAUDERDALE, FL 33312

New Principal Place of Business:

Current Mailing Address:

C/O DWIGHT JOHNSON
PO BOX 8034
FORT LAUDERDALE, FL 33310

New Mailing Address:

FEI Number: 27-1380704 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JOHNSON, DWIGHT M PASTOR
3150 WEST BROWARD BLVD
FORT LAUDERDALE, FL 33312 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: PD
Name: JOHNSON, DWIGHT M
Address: 3150 WEST BROWARD BLVD
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: D
Name: WILCOX, TIMOTHY
Address: 3150 WEST BROWARD BLVD
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: VD
Name: JOHNSON, MARK A
Address: 3150 WEST BROWARD BLVD
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: S/T
Name: BRENNEN, RUTH
Address: 3150 WEST BROWARD BLVD
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: D
Name: SMITH, GEORGE DEACON
Address: 3150 WEST BROWARD BLVD
City-St-Zip: FT. LAUDED ALE, FL 33312

Title: M
Name: MILLIGAN, DAVID
Address: 3150 WEST BROWARD BLVD
City-St-Zip: FT. LAUDED ALE, FL 33312

I hereby 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 all other like empowered.

SIGNATURE: DWIGHT M. JOHNSON

PD

01/08/2012

Electronic Signature of Signing Officer or Director

_____ Date