

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15538

FILED  
Feb 23, 2009  
Secretary of State

**Entity Name:** GREATER NEW MT. ZION HOLINESS, INC.

**Current Principal Place of Business:**

1329 FRANCIS ST.  
JACKSONVILLE, FL 322096419

**New Principal Place of Business:**

**Current Mailing Address:**

1329 FRANCIS ST.  
JACKSONVILLE, FL 322096419

**New Mailing Address:**

**FEI Number:** 59-2950891

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DIXON, RICHARD  
1329 FRANCIS ST.  
JACKSONVILLE, FL 32209 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: DIXON, RICHARD  
Address: 2014 W 9TH STREET  
City-St-Zip: JACKSONVILLE, FL 32209

Title: T ( ) Delete  
Name: RICKS, ARLEAN,  
Address: 2268 W 18TH ST  
City-St-Zip: JACKSONVILLE, FL 32209

Title: DT ( ) Delete  
Name: DIXON, ALTAMESE  
Address: 2335 W 16TH ST.  
City-St-Zip: JACKSONVILLE, FL 32209

Title: T ( ) Delete  
Name: JONES, HARRIETT  
Address: 342 WOODLAWN AVE  
City-St-Zip: JACKSONVILLE, FL 32204

Title: D ( ) Delete  
Name: MERCER, JAMES,  
Address: PO BOX 2531  
City-St-Zip: JACKSONVILLE, FL 32203

Title: D ( ) Delete  
Name: HARRIS, ANDREA L  
Address: 5829 GILCHRIST ST  
City-St-Zip: JACKSONVILLE, FL 32219

**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:

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: ALTAMESE DIXON

TRS

02/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date