

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 30, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N17603**  
 1. Entity Name  
**NEW MOUNT ZION AFRICAN METHODIST EPISCOPAL CHURCH, LAKE HAMILTON, FL., INC.**



Principal Place of Business      Mailing Address  
**530 KOKOMO ROAD**      **P.O. BOX 288**  
**LAKE HAMILTON, FL 33851**      **LAKE HAMILTON, FL 33851**



08082006 No Chg-NP      CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**14-1918972**      Not Applicable

5. Certificate of Status Desired            **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**HAYES, WILLIE J REV**  
**1096 W. CLOWER ST.**  
**BARTOW, FL 33831**

**DO NOT WRITE IN THIS SPACE**

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: *Rev Willie J. Hayes, Pastor*      DATE: **8-12-06**

Signature, typed or printed name of registered agent and title, if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

**Filing Fee Is \$61.25**  
**Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

|                |                         |
|----------------|-------------------------|
| TITLE          | S                       |
| NAME           | JACKSON, JOHN D SR      |
| STREET ADDRESS | 9 TANGELO DR            |
| CITY-ST-ZIP    | LAKE HAMILTON, FL       |
| TITLE          | TR                      |
| NAME           | ROBERSON, WALTER        |
| STREET ADDRESS | 1009 CHURCH ST          |
| CITY-ST-ZIP    | LAKE HAMILTON, FL 33851 |
| TITLE          | S                       |
| NAME           | MINCEY, DOROTHY M       |
| STREET ADDRESS | 509 PEARL ST            |
| CITY-ST-ZIP    | LAKE HAMILTON, FL 33851 |
| TITLE          | S                       |
| NAME           | HAYES, DARLEEN          |
| STREET ADDRESS | 9 TANGELO DR            |
| CITY-ST-ZIP    | LAKE HAMILTON, FL       |
| TITLE          | TR                      |
| NAME           | JACKSON, JESSIE         |
| STREET ADDRESS | 9 TANGELO DR            |
| CITY-ST-ZIP    | LAKE HAMILTON, FL       |
| TITLE          |                         |
| NAME           |                         |
| STREET ADDRESS |                         |
| CITY-ST-ZIP    |                         |

**DO NOT WRITE IN THIS SPACE**

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 08/30/06-80002-009 61.25

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: *Rev Willie J. Hayes*      Date: **8-12-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #