


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 07, 2007 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  
 LAKE HAMILTON, FL 33851**      **P.O. BOX 288  
 LAKE HAMILTON, FL 33851**

**DO NOT WRITE IN THIS SPACE**



08292007 No Chg-NP      CR2E037 (4/06)

4. FEI Number <b>14-1918972</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**HAYES, WILLIE J REV  
 1096 W. CLOVER 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by September 14, 2007**

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

**10. OFFICERS AND DIRECTORS**

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

U00000773587  
 09/07/07-80005-009 70.00

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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      8-29-07      (813) 533-2535

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