

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2008 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
 530 KOKOMO ROAD
 LAKE HAMILTON, FL 33851

Mailing Address
 P.O. BOX 288
 LAKE HAMILTON, FL 33851

DO NOT WRITE IN THIS SPACE



06302008 No Chg-NP CR2E037 (4/06)

4. FEI Number
 14-1918972

Applied For
 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

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

Filing Fee is \$61.25
Due by September 12, 2008

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	

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 08/27/08-80002-004 61.25

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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, Willie J Hayes 8-24-08 863 533-2535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #