
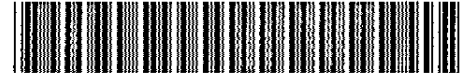


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # N25084 1. Entity Name GREATER NEW ZION HOPE MISSIONARY BAPTIST CHURCH, INC.		
Principal Place of Business 2600 HAMMONDVILLE ROAD BLDG 7 POMPANO BEACH FL 33069 US		Mailing Address 2510 NW 31ST AVE FORT LAUDERDALE FL 33311 US
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State
Zip	Country	Zip
Country		Country



1st MOORE CR2E037 (10/06)

4. FEI Number NO-T APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	
\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HARLEY, JOSEPH L SR 2510 NW 31ST AVE FORT LAUDERDALE FL 33311	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	ST	TITLE	
NAME	RILES, HENRIETTA	NAME	
STREET ADDRESS	6860 NW 46TH COURT	STREET ADDRESS	U00000628348
CITY - ST - ZIP	LAUDERHILL FL 33319	CITY - ST - ZIP	02/16/07-80012-003 70.00
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	TITLE	
NAME	NELSON, JOE	NAME	
STREET ADDRESS	2400 W. BROWARD BLVD, LOT 814	STREET ADDRESS	
CITY - ST - ZIP	FORT LAUDERDALE FL 33312	CITY - ST - ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PD	TITLE	
NAME	HARLEY, JOSEPH	NAME	
STREET ADDRESS	2510 N.W. 31ST AVE.	STREET ADDRESS	
CITY - ST - ZIP	FORT LAUDERDALE FL 33311	CITY - ST - ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	TITLE	
NAME	ROBINSON, ERNESTINE	NAME	
STREET ADDRESS	2656 NW 9TH STREET	STREET ADDRESS	
CITY - ST - ZIP	POMPANO BEACH FL 33069	CITY - ST - ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Joseph L. Harley Sr.* **JOSEPH L. HARLEY SR.** 2/30/07 (954) 732-5340