

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N27329 (4)

1. Corporation Name

NEW MOUNT ZION MISSIONARY BAPTIST CHURCH OF HAINES CITY, INC.



Principal Place of Business

Mailing Address

P.O. BOX 690
HAINES CITY FL 33845

P.O. BOX 690
HAINES CITY FL 33845

3. Date Incorporated or Qualified

07/08/1988

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

59-1912200

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~MCDANIEL, ALPHONSO~~
508 N 8TH ST
HAINES CITY FL 33844

81 Name **Cedric D. Pride**

82 Street Address (P.O. Box Number is Not Acceptable)

713 North 8th Street

83

84 City **Haines City**

FL

85 Zip Code

33844

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Cedric D. Pride**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

6/17/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

T DELETE
NAME **STREETER, JAMES W**
STREET ADDRESS **88 PINE FOREST LN**
CITY-ST-ZIP **HAINES CITY FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

P DELETE
NAME **MCDANIEL, ALPHONSO**
STREET ADDRESS **508 N. 8TH STREET**
CITY-ST-ZIP **HAINES CITY FL**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

S DELETE
NAME **CHRISTIAN, EDITH F.**
STREET ADDRESS **1125 AVENUE C**
CITY-ST-ZIP **HAINES CITY FL**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

D DELETE
NAME **DOWNING, L.V.**
STREET ADDRESS **601 N. 5TH STREET**
CITY-ST-ZIP **HAINES CITY FL**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

D DELETE
NAME **PITTERS, L.W.**
STREET ADDRESS **117 AVENUE "W" N.W.**
CITY-ST-ZIP **HAINES CITY FL**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Edith F. Christian**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/16/96

Date

(941) 422-1913

Daytime Phone #

CR2E037 (3/96)