

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27329

1. Entity Name

NEW MOUNT ZION MISSIONARY BAPTIST CHURCH OF HAIN

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90008 040 ****61.25

Principal Place of Business Mailing Address
713 N 8TH ST **P.O. BOX 690**
HAINES CITY FL 33844 **HAINES CITY FL 33845-0690**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-1912200		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
STREETER, JAMES W 88 PINE FOREST LANE HAINES CITY FL 33844				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				FL	Zip Code

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.

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
---	--	------------------------------------	--

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREETER, JAMES W		NAME		
STREET ADDRESS	88 PINE FOREST LN		STREET ADDRESS		
CITY-ST-ZIP	HAINES CITY FL		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCDANIEL, ALPHONSO		NAME	ERIC FERGUSON	
STREET ADDRESS	508 N. 8TH STREET		STREET ADDRESS	820 CENTER AVENUE	
CITY-ST-ZIP	HAINES CITY FL		CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTIAN, EDITH F.		NAME		
STREET ADDRESS	1125 AVENUE C		STREET ADDRESS		
CITY-ST-ZIP	HAINES CITY FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOWNING, L.V.		NAME		
STREET ADDRESS	601 N. 5TH STREET		STREET ADDRESS		
CITY-ST-ZIP	HAINES CITY FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PITTERS, L.W.		NAME		
STREET ADDRESS	117 AVENUE "W" N.W.		STREET ADDRESS		
CITY-ST-ZIP	HAINES CITY FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *James W. Streeter* 1-31-2000 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)