

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90064 022 ****61.25

DOCUMENT # N27329
1. Entity Name
**NEW MOUNT ZION MISSIONARY BAPTIST CHURCH OF
HAINES CITY, INC.**



Principal Place of Business
**713 N 8TH ST
HAINES CITY FL 33844**

Mailing Address
**P.O. BOX 690
HAINES CITY FL 33845**



MOORE CR2E037 (11/03)

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number
59-1912200

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**SCOTT, NOEL H SR REV
316 ALTA VISTA DR
P.O. BOX 243
HAINES CITY FL 33844**

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	STREETER, JAMES W	<input type="checkbox"/> Delete
STREET ADDRESS	88 PINE FOREST LN	
CITY-ST-ZIP	HAINES CITY FL	
TITLE NAME	FERGUSON, ERIC	<input type="checkbox"/> Delete
STREET ADDRESS	820 CENTER AVENUE	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE NAME	CHRISTIAN, EDITH F.	<input type="checkbox"/> Delete
STREET ADDRESS	1125 AVENUE C	
CITY-ST-ZIP	HAINES CITY FL	
TITLE NAME	DOWNING, L.V.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	601 N. 5TH STREET	
CITY-ST-ZIP	HAINES CITY FL	
TITLE NAME	PITTERS, L.W.	<input type="checkbox"/> Delete
STREET ADDRESS	117 AVENUE "W" N.W.	
CITY-ST-ZIP	HAINES CITY FL	
TITLE NAME	SCOTT, NOEL H SR	<input type="checkbox"/> Delete
STREET ADDRESS	316 ALTA VISTA DR P.O. BOX 243	
CITY-ST-ZIP	HAINES CITY FL 33845	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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)(i), 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: *Noel H. Scott, Sr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/04 Date (863) 422-6583 Daytime Phone #