

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 08:00 AM
Secretary of State

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



1st MOORE CR2E037 (10/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc

Suite Apt #, etc.

City & State

City & State

4. FE# Number

59-1912200

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCOTT, NOEL H SR REV
 316 ALTA VISTA DR
 P.O. BOX 243
 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. 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 resigning)

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY - ST - ZIP		

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 02/21/06-80007-925 51.25

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: *James W Streeter*

1/30/06 (863) 421-4638