

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27329

FILED
Apr 13, 2007
Secretary of State

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

Current Principal Place of Business:

713 N 8TH ST
HAINES CITY, FL 33844

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 690
HAINES CITY, FL 33845

New Mailing Address:

FEI Number: 59-1912200 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCOTT, NOEL H SR REV
316 ALTA VISTA DR
P.O. BOX 243
HAINES CITY, FL 33844 US

Name and Address of New Registered Agent:

SCOTT, NOEL H SR REV
316 ALTA VISTA DR
HAINES CITY, FL 33844 US

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: NOEL H. SCOTT, SR.

04/13/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: STREETER, JAMES W
Address: 88 PINE FOREST LN
City-St-Zip: HAINES CITY, FL

Title: D () Delete
Name: FERGUSON, ERIC
Address: 820 CENTER AVENUE
City-St-Zip: HAINES CITY, FL 33844

Title: S () Delete
Name: CHRISTIAN, EDITH F.,
Address: 1125 AVENUE C
City-St-Zip: HAINES CITY, FL

Title: D () Delete
Name: PITTERS, L.W.,
Address: 117 AVENUE
City-St-Zip: HAINES CITY, FL

Title: P () Delete
Name: SCOTT, NOEL H SR
Address: 316 ALTA VISTA DR P.O. BOX 243
City-St-Zip: HAINES CITY, FL 33845

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: CHRISTIAN, EDITH F.,
Address: 1125 AVENUE L
City-St-Zip: HAINES CITY, FL 33844

Title: D (X) Change () Addition
Name: PITTERS, L.W.,
Address: 117 AVENUE W
City-St-Zip: WINTER HAVEN, FL 33881

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES W. STREETER

T

04/13/2007

Electronic Signature of Signing Officer or Director

Date