

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 15, 2009  
Secretary of State**

DOCUMENT# N27329

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  
HAINES CITY, FL 33844      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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

04/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date