

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27329

FILED
Jan 08, 2012
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
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
Name: CHRISTIAN, EDITH F.
Address: 1125 AVENUE L.
City-St-Zip: HAINES CITY, FL 33844

Title: S
Name: SIRMONS, PANELLA I.
Address: 505 8TH STREET NORTH
City-St-Zip: HAINES CITY, FL 33844

Title: D
Name: STREETER, JAMES W.
Address: 88 PINE FOREST LANE- P.O. BOX 873
City-St-Zip: HAINES CITY, FL 33845

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

Title: M
Name: WHITFIELD, ELVIN
Address: 425 5TH STREET NORTH
City-St-Zip: HAINES CITY, FL 33844

I hereby 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 all other like empowered.

SIGNATURE: EDITH F. CHRISTIAN

T

01/08/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date