


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90223 035 ****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**

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

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**STREETER, JAMES W
88 PINE FOREST LANE
HAINES CITY FL 33844**

7. Name and Address of New Registered Agent

Name
REV. NOEL H. SCOTT, SR.

Street Address (P.O. Box Number is Not Acceptable)
316 ALTA VISTA DRIVE

P.O. BOX 243 - MAILING ADD.

City
HAINES CITY FL Zip Code
33844

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. PASTOR** DATE **1/19/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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	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	DOWNING, L.V.	
STREET ADDRESS	601 N. 5TH STREET	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PASTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NOEL H. SCOTT, SR.	
STREET ADDRESS	316 ALTA VISTA DR, P.O. BOX 243	
CITY-ST-ZIP	HAINES CITY, FL 33844	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 REQUIRED **NOEL H. SCOTT, SR.** 863-422-9775
Date: **Jan 14, 2003**

CR2E037 (10/02)