

FILE NOW: FILING FEE IS \$61.20

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Moore
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 07 1996 8:00 am
Secretary of State

DOCUMENT # N32147 (3)
1. Corporation Name
NEW MOUNT ZION FREEWILL BAPTIST CHURCH, INC.



Principal Place of Business
5895 NW 23RD AVENUE MIAMI FL 33142 US

Mailing Address
P.O. BOX 472622 MIAMI FL 33147

3. Date incorporated or Qualified **05/05/1989** 3a. Date of Last Report **07/07/1995**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip 24 Country 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip 29 Country 30

4. FEI Number **NOT APPLICABLE** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WALKER, DOCK
10810 N.W. 19TH AVENUE
MIAMI FL 33147**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CT	1.1 TITLE	P/T/D
NAME	HOLLIMAN, EUGENE	1.2 NAME	BUNION MACK
STREET ADDRESS	2340 N.W. 101ST STREET	1.3 STREET ADDRESS	710 CURTISS DR.
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	OPR LAKE FL 33054
TITLE	DT	2.1 TITLE	ST/D
NAME	WALKER, DOCK	2.2 NAME	HAZEL HOLLIMAN
STREET ADDRESS	10810 N.W. 19TH AVENUE	2.3 STREET ADDRESS	2340 N.W. 101ST
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI FLA 33147
TITLE	D	3.1 TITLE	MARY JOHNSON
NAME	LUELLA, SCOTT	3.2 NAME	950 NW 175 ST
STREET ADDRESS	6300 NW 29TH AVE	3.3 STREET ADDRESS	MIAMI FLA 33169
CITY-ST-ZIP	MIAMI FL 33147	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	200001736592
CITY-ST-ZIP		4.4 CITY-ST-ZIP	-03/08/96--01012--003
TITLE		5.1 TITLE	***61.25
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	300001736593
CITY-ST-ZIP		5.4 CITY-ST-ZIP	-03/08/96--01012--004
TITLE		6.1 TITLE	***9.75
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Dock C Walker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-96
Date

635-3860
Daytime Phone # *635-3866*

CR2E037 (12/95)