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Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

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



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

3. Date Incorporated or Qualified 05/05/1989  
3a. Date of Last Report 03/07/1996

|                                 |                         |   |                                |
|---------------------------------|-------------------------|---|--------------------------------|
| 21. Principal Place of Business | 2a. Mailing Address     | 4. FEI Number<br>NOT APPLICABLE   | Applied For<br>Not Applicable  |
| 22. Suite, Apt. #, etc.         | 27. Suite, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/>   | \$8.75 Additional Fee Required |
| 23. City & State                | 28. City & State        | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | \$5.00 May Be Added to Fees    |
| 24. Zip                         | 29. Zip                 | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                |

|   |   |
|---|---|
| 9. Name and Address of Current Registered Agent<br>WALKER, DOCK<br>10810 N.W. 19TH AVENUE<br>MIAMI FL 33147 | 10. Name and Address of New Registered Agent<br>81 Name<br>Junie V. Horne, CPA<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>3962 NW 167 St<br>83<br>Miami, FL 33054<br>84 City<br>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: *Junie V. Horne* (NOTE: Registered Agent signature required when reinstating) DATE: 2/17/97

| 12. OFFICERS AND DIRECTORS                     |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12          |  |
|--|---|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CT<br>HOLLIMAN, EUGENE<br>2340 N.W. 101ST STREET<br>MIAMI FL <input type="checkbox"/> DELETE        | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DT<br>WALKER, DOCK<br>10810 N.W. 19TH AVENUE<br>MIAMI FL <input checked="" type="checkbox"/> DELETE | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>LUELLA, SCOTT<br>6300 NW 29TH AVE<br>MIAMI FL 33147 <input checked="" type="checkbox"/> DELETE | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PTD<br>BUNION, MACK<br>710 CURTISS DR<br>OPA LOCKA FL 33054 <input type="checkbox"/> DELETE         | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>HOLLIMAN, HAZEL<br>2340 N.W. 101 ST<br>MIAMI FL 33147 <input type="checkbox"/> DELETE        | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE   | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

14. I do 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 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: *Eugene Holliman* DATE: 2-18-97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)