

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2006 NOV -1 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10132006 REIN-NP CR2E099 (11/05)

DOCUMENT # N32147 1. Entity Name NEW MOUNT ZION MISSIONARY BAPTIST CHURCH OF MIAMI, INC.					
Principal Place of Business 5895 NW 23RD AVENUE MIAMI, FL 33142 US			Mailing Address 5895 NW 23RD AVENUE MIAMI, FL 33142 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 65-0728538			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>					\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HORNE, JUNIE V CPA 3962 NW 167 ST MIAMI, FL 33054			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 <i>Eugene Holliman</i>				10/15/06	
<small>Signer's title or print name of registered agent and title if applicable.</small>				<small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$236.25 After January 1, 2007, Fee will be \$297.50				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CTD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOLLIMAN, EUGENE		NAME		
STREET ADDRESS	2340 N.W. 101ST STREET		STREET ADDRESS	200081026652 10/19/06--01039--001 **236.25	
CITY-ST-ZIP	MIAMI, FL 33147		CITY-ST-ZIP		
TITLE	PTD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORANT, JACK W		NAME		
STREET ADDRESS	8751 NW 21ST COURT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33147		CITY-ST-ZIP		
TITLE	STD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DINGLE, MARGARETTIE		NAME	<i>Margaret Dingle</i>	
STREET ADDRESS	147 NW 32 ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33127		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Eugene Holliman</i>				10/15/06 305 836 3430	
<small>Signature of Officer or Director</small>				<small>Date Daytime Phone #</small>	

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