


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 09, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N32147</b>	
1. Entity Name <b>NEW MOUNT ZION MISSIONARY BAPTIST CHURCH OF MIAMI, INC.</b>	

Principal Place of Business <b>5895 NW 23RD AVENUE MIAMI, FL 33142 US</b>	Mailing Address <b>5895 NW 23RD AVENUE MIAMI, FL 33142 US</b>
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**DO NOT WRITE IN THIS SPACE**



01062008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-0728538</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**

**HORNE, JUNIE V CPA  
3962 NW 167 ST  
MIAMI, FL 33054**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTD HOLLIMAN, EUGENE 2340 N.W. 101ST STREET MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MORANT, JACK W 8751 NW 21ST COURT MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DINGLE, MARGARETTIE 147 NW 32 ST MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/09/08-80029-011 61.25

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:** Eugene Holliman **1-6-08 305-8364679**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #