

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38207

FILED
Apr 26, 2006
Secretary of State

Entity Name: NEW ZION BAPTIST CHURCH OF HOLMES COUNTY, FLORIDA, INC.

Current Principal Place of Business:

1179 HWY 177 A
BONIFAY, FL 32425 US

New Principal Place of Business:

Current Mailing Address:

1179 HWY 177 A
BONIFAY, FL 32425 US

New Mailing Address:

FEI Number: 62-1594577

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN, JAMES
1294 ESKER MARTIN RD
BONIFAY, FL 32425 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTR () Delete
Name: MILLER, AARON
Address: RT 3 BOX 530
City-St-Zip: BONIFAY, FL 32425

Title: TR () Delete
Name: STRICKLAND, JASON
Address: 1252 HWY 163
City-St-Zip: WESTVILLE, FL 32464

Title: STR () Delete
Name: PARKER, KATHLEEN E
Address: 1179 HWY 177A
City-St-Zip: BONIFAY, FL 32425

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHLEEN PARKER

STR

04/26/2006

Electronic Signature of Signing Officer or Director

Date