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SECRETARY OF STATE
DIVISION OF CORPORATIONS
 95 MAY - 1 AM 10:59

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000003074 (2)
 1. Corporation Name
**NEW MOUNT ZION MISSIONARY BAPTIST CHURCH OF MELB
 OURNE, INC.**

Principal Place of Business 624 W. WALLS STREET 624 E. WALLS STREET MELBOURNE FL 32901 US	Mailing Address RICHARDSON, NATASHIA 1304 CARR CIRCLE, N.E. PALM BAY FL 32905 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/09/1993	3a. Date of Last Report 08/17/1994
4. FBI Number 59-3202179	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent
**RICHARDSON, NATASHIA
 1304 CARR CIRCLE, N.E.
 PALM BAY FL 32905**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	WILSON, T J DEC.
STREET ADDRESS	3538 APPLIN WAY
CITY - ST - ZIP	MELBOURNE FL 32901
TITLE	V
NAME	VALENTINE, JOSEPH DEC.
STREET ADDRESS	502 DEDHAM AVENUE NE
CITY - ST - ZIP	PALM BAY FL 32907
TITLE	T
NAME	RICHARDSON, BOISNUEF DEC.
STREET ADDRESS	1304 CARR CIRCLE NE
CITY - ST - ZIP	PALM BAY FL 32905
TITLE	S
NAME	RICHARDSON, NATASHIA
STREET ADDRESS	1304 CARR CIRCLE, N.E.
CITY - ST - ZIP	PALM BAY FL
TITLE	D
NAME	THOMPSON SR., RAYMOND REV.
STREET ADDRESS	2508 S. CANAL STREET
CITY - ST - ZIP	MELBOURNE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Bailey, Vanessa
13 STREET ADDRESS	690 Laurie Street
14 CITY - ST - ZIP	Melbourne, FL 32935
21 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Chattman, Arthur
23 STREET ADDRESS	608 E. Ryoland St.
24 CITY - ST - ZIP	Melbourne, FL 32901
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

REMITTED BY MAY 1

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 110.07(3)(a), 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: T. J. Wilson T. J. Wilson 4/26/95 407-723-0277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #