

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N93000003074 (2)

1. Corporation Name

NEW MOUNT ZION MISSIONARY BAPTIST CHURCH OF MELBOURNE, 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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3. Date Incorporated or Qualified 07/09/1993	3a. Date of Last Report 05/01/1995
4. FEI Number 59-3202179	Applied For 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. 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	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P WILSON, T J DEC. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, T J DEC.	1.2 NAME	
STREET ADDRESS	3536 APPLIN WAY	1.3 STREET ADDRESS	
CITY - ST - ZIP	MELBOURNE FL 32901	1.4 CITY - ST - ZIP	
TITLE	V VALENTINE, JOSEPH DEC. <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALENTINE, JOSEPH DEC.	2.2 NAME	
STREET ADDRESS	502 DEDHAM AVENUE NE	2.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BAY FL 32907	2.4 CITY - ST - ZIP	
TITLE	T RICHARDSON, BOISNEUF DEC. <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDSON, BOISNEUF DEC.	3.2 NAME	
STREET ADDRESS	1304 CARR CIRCLE NE	3.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BAY FL 32905	3.4 CITY - ST - ZIP	
TITLE	S RICHARDSON, NATASHIA <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDSON, NATASHIA	4.2 NAME	
STREET ADDRESS	1304 CARR CIRCLE, N.E.	4.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BAY FL	4.4 CITY - ST - ZIP	
TITLE	D THOMPSON SR., RAYMOND REV. <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON SR., RAYMOND REV.	5.2 NAME	
STREET ADDRESS	2508 S. CANAL STREET	5.3 STREET ADDRESS	
CITY - ST - ZIP	MELBOURNE FL	5.4 CITY - ST - ZIP	
TITLE	D BAILEY, VANESSA <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILEY, VANESSA	6.2 NAME	
STREET ADDRESS	690 LAURIE STREET	6.3 STREET ADDRESS	
CITY - ST - ZIP	MELBOURNE FL	6.4 CITY - ST - ZIP	

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 119.07(3)(k), 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 4/24/96 - 407-724-4736
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)