## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Jun 09 1997 8:00am

Secretary of State

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

N93000003074 (2)

**NEW MOUNT ZION MISSIONARY BAPTIST CHURCH OF MELB** OURNE, INC.

Principal Place of Business Mailing Address											188	PARITO BUG DULUM ARKIT BURAJA					
624 W. WALLS STREET 624 E. WALLS STREET MELBOURNE FL 32801 US					RICH 1304 PALM							4					
					U\$						07	corporated or Qualit <mark>//09/1993</mark>	fied	3a. [	Date of Last 05/01/		
2. Principal P	Place of Busin	ness	_	2a. Mailing Address 26						4. FEI Number 59-3202179				Applied For Not Applicable			
Suite, Apt.	#, etc.		—  <del></del>	Suite, Apt. #, etc.				•						\$8.75			
22			27	27						5. Certifica	ate of Status Desired	d			Requ		
City & Stat	е			City & State						6. Election	Campaign Financii	ng		\$5.0	0 м	av Be	
Zip						28					Trust Fund Contrib				Adde		
24 24	Country				~ —			Country				poration has liability				s. 19	99.032,
[24]	9. Name and Address of Current							i			Florida Statutes Yes No  10. Name and Address of New Registered Agent						
at an										Name	ING AGGIESS OF NET	w neg	1816160	Agent			
RICHAR	DSON, NA						L										
	ARR CIRCL					82		Street Addres	dress (P.O. Box Number is Not Acceptable)								
	AY FL 329					83	1					-					
								84	L	Cit.							<del></del>
										City				FL		р Со	
11. Pursuant office or r agent. I a	to the provis egistered ag m familiar wi	ions of lent, or lth, and	Sections 617.05 both, in the State accept the oblig	02 and e of Flo gations	617. orida. of, S	.1508, Florida Statu Such change was Section 617.0503, F	above zed by statutes	e-r / ti s.	named corpor the corporation	ration submit in's board of	s this statement for directors. I hereby a	the pu accept	irpose o	of changing pointment a	its reg	egistered gistered	
SIGNATURE																	
12.	Signature, typed	or printed	name of registered ag			· · · · · · · · · · · · · · · · · · ·			ent	s gnalure required				DATE			
TITLE	P		OFFICERS AN	NO DIRE	EUIC	DELETE		3. 1 TITLE		<del></del>	AUDITIO	NS/CHANGES TO C	DEFICE	ERS AN		_	
NAME	WILSON	. T.11	DEC			L DECEN									∐ Change	, L	Addition
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CITY-ST-ZIP			FL 32901					4 CITY-S									
TITLE	Ť					DELETE		1 TITLE	117	Z.II					Change	<u> </u>	Addition
NAME	RICHAR	DSON	, BOISNUEF D	EĈ.			2.3	2 NAME								_	
STREET ADDRESS			IRCLE NE				2.3	3 STREET	AD	DORESS							
CITY-ST-ZIP	PALM B	<u>ay fl</u>					2.	4 CITY-S	ST-	- ZIP							
TITLE	8					☐ DELETE	3	1 TITLE							Change		Addition
NAME			, NATASHIA				3.2	2 NAME									
STREET ADDRESS			IRCLE, N.E.				3.3	STREET	AD	DDRESS							
CITY-ST-ZIP	PALM B	AY FL						4. CITY - S	ST-	ZIP							_
TITLE	D	011 OF	DAVAGNO I	BEL!		☐ DELETE	4.1	1 TITLE							Change		Addition
NAME			I., RAYMOND F IL STREET	HEV.				2 NAME									
STREET ADDRESS								3 STREET									
CITY-ST-ZIP TITLE	<u>Melbol</u> D	JUIAE I	<u>rt</u>			DELETE		CITY-S	1-2	ZIP					- T-1		·
NAME	BAILEY,	VANE	CCA			☐ OELETE		TITLE		İ					Change	L	Addition
STREET ADDRESS	690 LAU							NAME		DOLOG							
CITY-ST-ZIP	MELBOL							STREET		1							
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NAME								NAME							Vilalige	_	_ Addition
STREET ADDRESS							- 4	STREET	ĄΠ	IDRESS							
							0.5	- DITTLE	·								

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental ennual report is true and accurate and that my signature shall have the same legal effect as it 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.

6.4 CITY - ST - ZIP