

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90036 011 \*\*\*\*61.25

**DOCUMENT # N93000003074**

1. Entity Name

**NEW MOUNT ZION MISSIONARY BAPTIST CHURCH OF MELB**



DO NOT WRITE IN THIS SPACE

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 32905-3832 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address P.O. Box 512 Suite, Apt. #, etc. City & State Melbourne, FL Zip 32902	Country US
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4. FEI Number 59-3202179	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RICHARDSON, NATASHIA  
1304 CARR CIRCLE, N.E.  
PALM BAY FL 32905

7. Name and Address of New Registered Agent

Name: Chattman, Earnestine  
 Street Address (P.O. Box Number is Not Acceptable): 608 E. Ryoland St.  
 City: Melbourne FL Zip Code: 32901

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.

SIGNATURE: Earnestine Chattman Earnestine Chattman 5/2/00  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
P WILSON, T J DEC. 3536 APPLIN WAY MELBOURNE FL 32901	
T RICHARDSON, BOISNUEF DEC. 1304 CARR CIRCLE NE PALM BAY FL	<input type="checkbox"/> Delete
S RICHARDSON, NATASHIA 1304 CARR CIRCLE, N.E. PALM BAY FL	<input checked="" type="checkbox"/> Delete
D THOMPSON SR., RAYMOND REV. 2508 S. CANAL STREET MELBOURNE FL	<input checked="" type="checkbox"/> Delete
D BAILEY, VANESSA 690 LAURIE STREET MELBOURNE FL	<input checked="" type="checkbox"/> Delete
<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
S Chattman, Earnestine 608 E. Ryoland St. Melbourne, FL 32901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D Taylor, Ronald Rev 653 Myrset Ave. S.E. Palm Bay, FL 32909	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D Johnson, Rhondy 6016 Pine Wood Drive Palm Bay, FL 32905	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I 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 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: T. J. Wilson 5/2/00 321-724-4736  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)