

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 90384 038 \*\*\*\*61.25

**DOCUMENT # N93000003074**

1. Entity Name

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

Principal Place of Business

Mailing Address

624 W. WALLS STREET  
 624 E. WALLS STREET  
 MELBOURNE FL 32901  
 US

P.O. BOX 512  
 MELBOURNE FL 32902  
 US

000056260



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

624 E Wall Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Melbourne, FL

City & State

4. FEI Number

59-3202179

Applied For

Not Applicable

Zip

32901

Country

US

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHAHMAN, ERNESTINE  
 608 E RYOLAND ST  
 MELBOURNE FL 32901

Name **Chattman, Ernestine**

Street Address (P.O. Box Number is Not Acceptable)  
**608 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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>WILSON, T J DEC.</b>	
STREET ADDRESS	<b>3536 APPLIN WAY</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32901</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>RICHARDSON, BOISNUEF DEC.</b>	
STREET ADDRESS	<b>1304 CARR CIRCLE NE</b>	
CITY-ST-ZIP	<b>PALM BAY FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>CHALTMAN, EARNESTINE</b>	
STREET ADDRESS	<b>608 E RYOLAND ST</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32901</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TAYLOR, RONALD REV</b>	
STREET ADDRESS	<b>653 MYRSET AVE SE</b>	
CITY-ST-ZIP	<b>PALM BAY FL 32909</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JOHNSON, RHONDY</b>	
STREET ADDRESS	<b>6016 PINE WOOD DRIVE</b>	
CITY-ST-ZIP	<b>PALM BAY FL 32905</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Blount, Peter</b>	
STREET ADDRESS	<b>847 Barbados Ave.</b>	
CITY-ST-ZIP	<b>Melbourne FL 32901</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Richardson, Boisneuf Dec</b>	
STREET ADDRESS	<b>1304 Carr Circle NE</b>	
CITY-ST-ZIP	<b>Palm Bay FL 32905</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Chattman, Ernestine</b>	
STREET ADDRESS	<b>608 Ryoland St</b>	
CITY-ST-ZIP	<b>Melbourne, FL 32901</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Taylor, Ronald Rev</b>	
STREET ADDRESS	<b>653 Myrset Ave SE</b>	
CITY-ST-ZIP	<b>Palm Bay FL 32909</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/2001

Date

Domestic Phone #

CR2E037 (10/00)