

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 08, 2002 8:00 am
Secretary of State

07-08-2002 90229 033 ****61.25

DOCUMENT # N93000003074

1. Entity Name

NEW MOUNT ZION MISSIONARY BAPTIST CHURCH OF MELBOURNE, INC.

Principal Place of Business

Mailing Address

624 E. WALLS STREET
 MELBOURNE FL 32901
 US

P.O. BOX 512
 MELBOURNE FL 32902
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3202179

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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 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

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	P	<input type="checkbox"/> Delete
NAME	WILSON, T J DEC.	
STREET ADDRESS	3536 APPLIN WAY	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	T	<input type="checkbox"/> Delete
NAME	RICHARDSON, BOISNUEF DEC.	
STREET ADDRESS	1304 CARR CIRCLE NE	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	S	<input type="checkbox"/> Delete
NAME	CHATTMAN, ERNESTINE	
STREET ADDRESS	608 E RYOLAND ST	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAYLOR, RONALD REV	
STREET ADDRESS	653 MURSET AVE SE	
CITY-ST-ZIP	PALM BAY FL 32909	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, RHONDY	
STREET ADDRESS	6016 PINE WOOD DRIVE	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLOUNT, PETER	
STREET ADDRESS	847 BARBADOS AVENUE	
CITY-ST-ZIP	MELBOURNE FL 32901	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
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 an other like empowered.

SIGNATURE: *T. Wilson* **REQUIRE: T. WILSON 6/23/02 321-724-4736**

CR2E037 (9/01)