

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Jun 21, 2004 8:00 am**  
**Secretary of State**

06-21-2004 90003 041 \*\*\*\*61.25

**DOCUMENT # N93000003074**

1. Entity Name

**NEW MOUNT ZION MISSIONARY BAPTIST CHURCH OF  
MELBOURNE, INC.**



Principal Place of Business

624 E. WALLS STREET  
MELBOURNE FL 32901  
US

Mailing Address

P.O. BOX 512  
MELBOURNE FL 32902  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE CR2E037 (11/03)

4. FEI Number  
**59-3202179**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CHAHMAN, ERNESTINE  
608 E RYOLAND ST  
MELBOURNE FL 32901**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  Delete  
NAME **P WILSON, T J DEC.**  
STREET ADDRESS **3536 APPLIN WAY**  
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE  Delete  
NAME **T RICHARDSON, BOISNUEF DEC.**  
STREET ADDRESS **1304 CARR CIRCLE NE**  
CITY-ST-ZIP **PALM BAY FL 32905**

TITLE  Delete  
NAME **S CHATMAN, EARNESTINE**  
STREET ADDRESS **608 E RYOLAND ST**  
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE  Delete  
NAME **D TAYLOR, RONALD REV**  
STREET ADDRESS **653 MURSET AVE SE**  
CITY-ST-ZIP **PALM BAY FL 32909**

TITLE  Delete  
NAME **D MASON, CHARLES**  
STREET ADDRESS **606 MURSET AVE SE**  
CITY-ST-ZIP **PALM BAY FL 32909**

TITLE  Delete  
NAME **D BLOUNT, PETER**  
STREET ADDRESS **847 BARBADOS AVENUE**  
CITY-ST-ZIP **MELBOURNE FL 32901**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*T. J. Wilson*

*6/16/04* *321-724-4736*

Date

Daytime Phone #