


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 08:00 AM
Secretary of State

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.		3. Mailing Address Suite, Apt. #, etc.		1st MOORE CR2E037 (10/05)	
City & State		City & State		4. FEI Number 59-3202179 Applied For Not Applicable	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature is placed when registering) DATE _____					



FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P WILSON, T J DEC. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS	3536 APPLIN WAY	NAME	1100000451740
CITY-ST-ZIP	MELBOURNE FL 32901	STREET ADDRESS	03/10/06-80066-006 61.25
CITY-ST-ZIP	MELBOURNE FL 32901	CITY-ST-ZIP	
TITLE	T RICHARDSON, BOISMUEF DEC. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS	1304 CARR CIRCLE NE	NAME	
CITY-ST-ZIP	PALM BAY FL 32905	STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32905	CITY-ST-ZIP	
TITLE	S CHATTMAN, EARNESTINE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS	608 E RYOLAND ST	NAME	
CITY-ST-ZIP	MELBOURNE FL 32901	STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32901	CITY-ST-ZIP	
TITLE	D TAYLOR, RONALD REV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS	653 MURSET AVE SE	NAME	
CITY-ST-ZIP	PALM BAY FL 32909	STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32909	CITY-ST-ZIP	
TITLE	D MASON, CHARLES <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS	606 MURSET AVE SE	NAME	
CITY-ST-ZIP	PALM BAY FL 32909	STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32909	CITY-ST-ZIP	
TITLE	D BLOUNT, PETER <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS	847 BARBADOS AVENUE	NAME	
CITY-ST-ZIP	MELBOURNE FL 32901	STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32901	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 02/26/06 321-729-4734