


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 22, 2007 8:00 am**  
**Secretary of State**

05-22-2007 90017 024 \*\*\*\*61.25

<b>DOCUMENT # N93000003074</b> 1. Entity Name <b>NEW MOUNT ZION MISSIONARY BAPTIST CHURCH OF MELBOURNE, INC.</b>			
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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number <b>59-3202179</b>	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>CHAHMAN, ERNESTINE</b> 608 E RYOLAND ST MELBOURNE FL 32901		Name <b>Blount, Peter</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>271 Naylor Street</b>	
		City <b>Palm Bay</b>	FL Zip Code <b>32907</b>
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 <i>Peter Blount</i> <b>Peter Blount</b>		DATE <b>5/6/07</b>	
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, T J DEC.	NAME	
STREET ADDRESS	3536 APPLIN WAY	STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32901	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDSON, BOISNUEF DEC.	NAME	
STREET ADDRESS	1304 CARR CIRCLE NE	STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32905	CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHATTMAN, EARNESTINE	NAME	<del>Chattman, Arthur</del>
STREET ADDRESS	608 E RYOLAND ST	STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32901	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAYLOR, RONALD REV	NAME	Chattman, Arthur
STREET ADDRESS	653 MURSET AVE SE	STREET ADDRESS	608 Ryoland St.
CITY-ST-ZIP	PALM BAY FL 32909	CITY-ST-ZIP	Melbourne, FL 32901
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MASON, CHARLES	NAME	Coates, Lillian
STREET ADDRESS	606 MURSET AVE SE	STREET ADDRESS	1011 Brothers Ave
CITY-ST-ZIP	PALM BAY FL 32909	CITY-ST-ZIP	Melbourne, FL 32901
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOUNT, PETER	NAME	Blount, Peter
STREET ADDRESS	847 BARBADOS AVENUE	STREET ADDRESS	271 Naylor Street
CITY-ST-ZIP	MELBOURNE FL 32901	CITY-ST-ZIP	Palm Bay, FL 32907
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: <i>T.J. Wilson</i> <b>T. J. WILSON</b>		DATE: <b>5/6/07</b> 321-724-4736	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	