


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 30, 2003 8:00 am
Secretary of State

06-30-2003 90062 011 ****61.25

DOCUMENT # N93000003074

1. Entity Name
**NEW MOUNT ZION MISSIONARY BAPTIST CHURCH OF MELB
OURNE, 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

Zip Country Zip Country

4. FEI Number **59-3202179** Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

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 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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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, EARNESTINE	
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 checked="" 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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mason, Charles	
STREET ADDRESS	606 Murset Ave SE	
CITY-ST-ZIP	Palm Bay FL 32909	
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		
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 all other like empowered.

SIGNATURE: ~~SIGNATURE REQUIRED~~

T. J. Wilson 6/22/03 **321-724-4136**

CR2E037 (10/02)