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

Mar 28, 2007 8:00 am DOCUMENT # N95000001798 **Secretary of State** 1. Entity Namo 03-28-2007 90019 031 ****61.25 NEW ZION HOLINESS CHURCH, INC. Principal Place of Business Mailing Address 805 JOE LOUIS AVE PAHOKEE FL 33476 PO BOX 98 PAHOKEE FL 33476 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & Stale 4. FEI Number Applied For 65-0581149 Not Applicable Zip Country 7in Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NATHANIEL HOLMES, ELDER NATHANIE New Address 7 172 MARTIN CLRCLE **ROYAL PALM BEACH FL 33411** Zip Code <u>33476</u> 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 3-8-07 (NOTE: Registered Agent signature required when revisitating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. HH ☐ Delete Ш Change □ Addition NAME HOLMES, NATHANIEL NAM STREET ADDRESS STREET ADDRESS PO BOX 198 CITY ST ZIP PAHOKEE FL 33476 CITY ST ZIP TITLE DV ☐ Delete mif Change ☐ Addition NEAL, LEE A NAM STREET ADDRESS STREET ADDRESS 716 37TH STREET CITY ST 709 CITY-ST ZIP WEST PALM BEACH FL 33407 TITLE ☐ Delete Change ☐ Addition NAME NAM BIGGS, MOZELLE STREET ADDRESS STREET ADDRESS 800 MCCLURE RD LOT N CITY ST ZIP CITY ST ZIP PAHOKEE FL 33476 Delete TITLE Change Addition NAMI NAMI HANNAH, BARBARA STREET ADDRESS STREET ADDRESS 4105 HEATH CIRCLE N CHY ST-7P CITY-ST-7/P WEST PALM BEACH FL 33407 IIILI Defete Change ■ Addition NAMI NAME STREET ADDRESS STREET ADDRESS CITY ST ZIE CITY ST-ZIP TITLE TITLE ☐ Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-7IP CHY-ST ZIP

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Athaniel Holars 561-924-7000

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 eath; 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

of the corporation or the receiver or trusted empowered to execute this if changed, or on an attachment with an actross, with all other tike entre