FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N97000006198 (2)

GREATER NEW MOUNT ZION FREEWILL BAPTIST CHURCH I NCORPORATED

Principal Place of Business Mailing Address 3041 EAST DANIELS ROAD P.O. BOX 2020 3. Date Incorporated or Qualified PLANT CITY FL 33567 PLANT CITY FL 33564 11/03/1997 4. FEI Number Applied For Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired П 26 Fee Required 21 Sulte, Apt. #, etc. 6. Election Campaign Financing Suite, Apt. #, etc. \$5.00 May Be 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes No 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 30 Yes Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **DINK, JAMES DEACON** 82 Street Address (P.O. Box Number is Not Acceptable) 801 EAST MCDONALD ROAD 83 PLANT CITY FL 33567 84 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE DINK, JAMES JR. 1.2 NAME NAME **801 EAST MCDONALD ROAD** STREET ADDRESS 1.3 STREET ADDRESS PLANT CITY FL 33567 CITY-ST-2IP 1.4 CITY-ST-ZIP DELETE Addition TITLE D 2.1 TITLE Change NAME DINK, JUDY 2.2 NAME **801 EAST MCDONALD ROAD** 2.3 STREET ADDRESS STREET ADDRESS PLANT CITY FL 33567 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE SANDERS, JOHN 3.2 NAME 1308 SCOTT CIRCLE STREET ADDRESS 3.3 STREET ADDRESS LAKELAND FL 33805 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME **6.3 STREET ADDRESS** STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. 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 annual report or supplemented annual 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 13 if changed or on an attachment with an address.

9-3-90 1812) 727-1004

FILED

Feb 10 1998 8:00am

Secretary of State