

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2008
Secretary of State

DOCUMENT# N99000000752

Entity Name: THE NEW MOUNT ZION MISSIONARY BAPTIST CHURCH OF TAMPA, FLORIDA, INC.

Current Principal Place of Business:

New Principal Place of Business:

2511 E. COLUMBUS DR.
TAMPA, FL 33605

Current Mailing Address:

New Mailing Address:

2511 E. COLUMBUS DR.
TAMPA, FL 33605

FEI Number: 59-2967262 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LEWIS, DAVID
2511 E. COLUMBUS DR.
TAMPA, FL 33605 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DTC () Delete
Name: LEWIS, DAVID
Address: 2511 COLUMBUS DR.
City-St-Zip: TAMPA, FL 33605

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Delete
Name: ROBINSON, TOMMY
Address: 733 58TH ST.
City-St-Zip: TAMPA, FL 33619

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: WASHINGTON, BOOKER T
Address: 4416 JOHN BELL JR. DR.
City-St-Zip: TAMPA, FL 33610

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CDB () Delete
Name: LOVETT, JOHN C
Address: 1510 SAKONNETT CT.
City-St-Zip: BRANDON, FL 33511

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: FORT, CLEARANCE
Address: 4907 84TH STREET SOUTH
City-St-Zip: TAMPA, FL 33619

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC () Delete
Name: WILSON, YVONNE
Address: 3810 E NORFOLK STREET
City-St-Zip: TAMPA, FL 33604

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID R. LEWS

DTC

01/27/2008

Electronic Signature of Signing Officer or Director

_____ Date