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Mar 12 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000003924 (6)

1. Corporation Name

NEW MT. ZION MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

1321 NORTH WEBSTER AVE.  
LAKELAND FL 338051321 NORTH WEBSTER AVE.  
LAKELAND FL 33805-35023. Date Incorporated or Qualified  
08/14/19953a. Date of Last Report  
10/31/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-2052386

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

HARDIE, JOE S REV.  
1641 YEOMANS PATH  
LAKELAND FL 33809

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HARDIE, REV. JOE S	
STREET ADDRESS	1641 YEOMANS PATH	
CITY-ST-ZIP	LAKELAND FL 33809	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BRODERICK, WEBSTER	
STREET ADDRESS	1039 N. ANDERSON AVENUE	
CITY-ST-ZIP	LAKELAND FL 33805	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBINSON, SR., NATHANIEL	
STREET ADDRESS	305 WEST VALENCIA STREET	
CITY-ST-ZIP	LAKELAND FL 33805	

TITLE	D	<input type="checkbox"/> DELETE
NAME	CANTY, HINSON	
STREET ADDRESS	1707 BELLGROVE ST.	
CITY-ST-ZIP	LAKELAND FL 33805	

TITLE	D	<input type="checkbox"/> DELETE
NAME	HILLIARD, JOSH	
STREET ADDRESS	103 W. 17TH ST.	
CITY-ST-ZIP	LAKELAND FL 33805	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	QUARY, DELL	
STREET ADDRESS	P.O. BOX 90463	
CITY-ST-ZIP	LAKELAND FL 33804-0463	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D
6.3 STREET ADDRESS	Bolden, Minnie Floddia, 33805
6.4 CITY-ST-ZIP	1041 N. Anderson Ave. Lakeland,

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0052791

CR2E037 (9/96)