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Jan 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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

**1321 NORTH WEBSTER AVE.
LAKELAND FL 33805**

Mailing Address

**1321 NORTH WEBSTER AVE.
LAKELAND FL 33805**

3. Date Incorporated or Qualified

08/14/1995

4. FEI Number

59-2052386

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be

Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

24

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip

29

Country

30

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** ☐ DELETE

NAME **HARDIE, REV. JOE S**
STREET ADDRESS **1641 YEOMANS PATH**
CITY-ST-ZIP **LAKELAND FL 33809**

TITLE **D** ☐ DELETE

NAME **BRODERICK, WEBSTER**
STREET ADDRESS **1039 N. ANDERSON AVENUE**
CITY-ST-ZIP **LAKELAND FL 33805**

TITLE **D** ☐ DELETE

NAME **ROBINSON, SR., NATHANIEL**
STREET ADDRESS **305 WEST VALENCIA STREET**
CITY-ST-ZIP **LAKELAND FL 33805**

TITLE **D** ☐ DELETE

NAME **CANTY, HINSON**
STREET ADDRESS **1707 BELLGROVE ST.**
CITY-ST-ZIP **LAKELAND FL 33805**

TITLE **D** ☐ DELETE

NAME **HILLIARD, JOSH**
STREET ADDRESS **103 W. 17TH ST.**
CITY-ST-ZIP **LAKELAND FL 33805**

TITLE **D** ☐ DELETE

NAME **BOLDEN, MINNIE**
STREET ADDRESS **1041 N ANDERSON AVE**
CITY-ST-ZIP **LAKELAND FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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:

1-7-98
Date

Daytime Phone # 0054857

CR2E037 (10/97)