

FILE NOW: FILING FEE IS \$61.25

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Jan 29, 1999 8:00am
Secretary of State

01-29-1999 90046 040 *****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000003924

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/14/1995	
22 City & State		27 City & State		4. FEI Number 59-2052386	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
HARDIE, JOE S REV. 1641 YEOMANS PATH LAKELAND FL 33809				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 <i>Rev. Joe S. Hardie</i> DATE 1-5-1999 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE D <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME HARDIE, REV. JOE S			1.2 NAME		
STREET ADDRESS 1641 YEOMANS PATH			1.3 STREET ADDRESS		
CITY-ST-ZIP LAKELAND FL 33809			1.4 CITY-ST-ZIP		
TITLE D <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME BRODERICK, WEBSTER			2.2 NAME		
STREET ADDRESS 1039 N. ANDERSON AVENUE			2.3 STREET ADDRESS		
CITY-ST-ZIP LAKELAND FL 33805			2.4 CITY-ST-ZIP		
TITLE D <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME ROBINSON, SR., NATHANIEL			3.2 NAME		
STREET ADDRESS 305 WEST VALENCIA STREET			3.3 STREET ADDRESS		
CITY-ST-ZIP LAKELAND FL 33805			3.4 CITY-ST-ZIP		
TITLE D <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME CANTY, HINSON			4.2 NAME		
STREET ADDRESS 1707 BELLGROVE ST.			4.3 STREET ADDRESS		
CITY-ST-ZIP LAKELAND FL 33805			4.4 CITY-ST-ZIP		
TITLE D <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME HILLIARD, JOSH			5.2 NAME		
STREET ADDRESS 103 W. 17TH ST.			5.3 STREET ADDRESS		
CITY-ST-ZIP LAKELAND FL 33805			5.4 CITY-ST-ZIP		
TITLE D <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME BOLDEN, MINNIE			6.2 NAME		
STREET ADDRESS 1041 N ANDERSON AVE			6.3 STREET ADDRESS		
CITY-ST-ZIP LAKELAND FL			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, with all other like empowered.

SIGNATURE: *Rev. Joe S. Hardie* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-1999 (941) 686-6793

Date

Daytime Phone #

CR2E037 (11/98)