

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 16, 2002 8:00 am**  
**Secretary of State**

07-16-2002 90363 038 \*\*\*\*61.25

**DOCUMENT # N95000003924**

1. Entity Name

**NEW MT. ZION MISSIONARY BAPTIST CHURCH, INC.**

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2052386**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,  
 min. will be \$236.25.**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **P/D** ☐ Change ☐ Addition  
 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 ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☒ Delete  
 NAME **CANTY, HINSON**  
 STREET ADDRESS **1707 BELLGROVE ST.** Deceased  
 CITY-ST-ZIP **LAKELAND FL 33805**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Gatlin, William**  
 STREET ADDRESS **1409 Candyce Ave**  
 CITY-ST-ZIP **Lakeland, FL 33805**

TITLE **D** ☒ Delete  
 NAME **HILLIARD, JOSH**  
 STREET ADDRESS **103 W. 17TH ST.** Deceased  
 CITY-ST-ZIP **LAKELAND FL 33805**

TITLE **D** ☐ Change ☒ Addition  
 NAME **King, Laurastine**  
 STREET ADDRESS **1018 Madison Ave**  
 CITY-ST-ZIP **Lakeland, FL 33805**

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **REQUIRED**

**7-10-02 (863)686-6793**

CR2E037 (4/02)