

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 10, 2006 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N95000003924</b>	
1. Entity 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



07142006 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2052386	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  HARDIE, JOE S REV. 1641 YEOMANS PATH LAKELAND, FL 33809	<b>DO NOT WRITE IN THIS SPACE</b>
--	---------------------------------------

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

**Filing Fee is \$61.25  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARDIE, REV. JOE S 1641 YEOMANS PATH LAKELAND, FL 33809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRODERICK, WEBSTER 1039 N. ANDERSON AVENUE LAKELAND, FL 33805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUSTIN, AMBROSE P.O. BOX 3096 LAKELAND, FL 33802
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GATLIN, WILLIAM 1409 CANDYCE AVE LAKELAND, FL 33805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, LAURASTINE 1018 MADISON AVE LAKELAND, FL 33805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOLDEN, MINNIE 1041 N ANDERSON AVE LAKELAND, FL

U000000574010  
08/10/06-80002-015 70.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-28-06 (863) 686-6793  
Date Daytime Phone #