

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005799

Entity Name: FIRST NEW ZION MISSIONARY BAPTIST CHURCH, INC.**Current Principal Place of Business:**4835 SOUTEL DR
JACKSONVILLE, FL 32208**Current Mailing Address:**4835 SOUTEL DR
JACKSONVILLE, FL 32208 US**FEI Number:** 59-2990909**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SAMPSON, JAMES
4835 SOUTEL DR
JACKSONVILLE, FL 32208 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DP
Name	SAMPSON, JAMES B
Address	4835 SOUTEL DR
City-State-Zip:	JACKSONVILLE FL 32208

Title	DV
Name	ROGERS, DONALD
Address	4835 SOUTEL DR
City-State-Zip:	JACKSONVILLE FL 32208

Title	DT
Name	MCQUEEN, CYNELL
Address	4835 SOUTEL DR
City-State-Zip:	JACKSONVILLE FL 32208

Title	D
Name	BENNEFIELD, SAMUEL
Address	4835 SOUTEL DR
City-State-Zip:	JACKSONVILLE FL 32208

Title	TRUSTEE
Name	RIELY, SHARON E
Address	4835 SOUTEL DR
City-State-Zip:	JACKSONVILLE FL 32208

Title	TRUSTEE
Name	DALLAS, SHIRLEY
Address	4835 SOUTEL DR
City-State-Zip:	JACKSONVILLE FL 32208

Title	TREASURER
Name	WILCOX, JOHNNIE
Address	4835 SOUTEL DR
City-State-Zip:	JACKSONVILLE FL 32208

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SHARON RIELY**TRUSTEE****03/26/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date