

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000011539

Entity Name: NEW MOUNT ZION WORSHIP CENTER, INC.

Current Principal Place of Business:

3150 WEST BROWARD BLVD
FORT LAUDERDALE, FL 33312

Current Mailing Address:

C/O DWIGHT JOHNSON
PO BOX 8034
FORT LAUDERDALE, FL 33310

FEI Number: 27-1380704

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

JOHNSON, DWIGHT MPASTOR
3150 WEST BROWARD BLVD
FORT LAUDERDALE, FL 33312 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 PD
Name JOHNSON, DWIGHT M
Address 3150 WEST BROWARD BLVD
City-State-Zip: FORT LAUDERDALE FL 33312

Title D
Name WILCOX, TIMOTHY
Address 3150 WEST BROWARD BLVD
City-State-Zip: FORT LAUDERDALE FL 33312

Title VD
Name JOHNSON, MARK A
Address 3150 WEST BROWARD BLVD
City-State-Zip: FORT LAUDERDALE FL 33312

Title S/T
Name BRENNEN, RUTH
Address 3150 WEST BROWARD BLVD
City-State-Zip: FT. LAUDERDALE FL 33312

Title D
Name SMITH, GEORGE DEACON
Address 3150 WEST BROWARD BLVD
City-State-Zip: FT. LAUDED ALE FL 33312

Title M
Name MILLIGAN, DAVID
Address 3150 WEST BROWARD BLVD
City-State-Zip: FT. LAUDED ALE FL 33312

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: DWIGHT M. JOHNSON

PASTOR

01/14/2014

Electronic Signature of Signing Officer/Director Detail

Date