

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000011539

**FILED**  
**Jan 24, 2016**  
**Secretary of State**  
**CC8896430708**

**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, MARGARET  
Address 3150 WEST BROWARD BLVD  
City-State-Zip: FORT LAUDERDALE FL 33312

Title D  
Name MILLIGAN, DAVID  
Address 3150 WEST BROWARD BLVD  
City-State-Zip: FORT LAUDERDALE 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**

**01/24/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date