

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000007792

**FILED**  
**Apr 27, 2014**  
**Secretary of State**  
**CC8133587585**

**Entity Name:** NEW MOUNT ZION MISSIONARY BAPTIST CHURCH OF HOBE SOUND, INC.

**Current Principal Place of Business:**

8224 SE PETTWAY STREET  
HOBE SOUND, FL 33475

**Current Mailing Address:**

POST OFFICE BOX 771  
HOBE SOUND, FL 33475

**FEI Number: 90-0910809**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

PETTWAY, ANNIE M  
10230 SE DIXIE HIGHWAY  
HOBE SOUND, FL 33455 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 D  
Name GEORGE, DAVID REV.  
Address 1847 SW NEWPORT ISLES BLVD.  
City-State-Zip: PORT SAINT LUCIE FL 34953

Title D  
Name KITCHEN, ARTHUR JR.  
Address 3202 SW FILLMORE STREET  
City-State-Zip: PORT SAINT LUCIE FL 34953

Title D  
Name DUNN, DARRELL  
Address 2339 W. CHESTNUT LANE  
City-State-Zip: PORT SAINT LUCIE FL 34953

Title TD  
Name SPEAKS, LOTUS  
Address 7678 SE KINGSWAY STREET  
City-State-Zip: HOBE SOUND FL 33455-4727

Title SD  
Name DUNN, JACQUELINE  
Address 2339 W CHESTNUT LANE  
City-State-Zip: PORT SAINT LUCIE FL 34953

*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: JACQUELINE DUNN

SECRETARY

04/27/2014

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

\_\_\_\_\_  
Date