

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17603

**Entity Name:** NEW MOUNT ZION AFRICAN METHODIST EPISCOPAL CHURCH, LAKE HAMILTON, FL., INC.

**FILED**  
**Apr 16, 2019**  
**Secretary of State**  
**4140795165CC**

**Current Principal Place of Business:**

530 KOKOMO ROAD  
LAKE HAMILTON, FL 33851

**Current Mailing Address:**

P.O.BOX 288  
LAKE HAMILTON, FL 33851 US

**FEI Number: 14-1918972**

**Certificate of Status Desired: Yes**

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

JACKSON, JOHN SR.  
9 TANGERINE DR.  
HAINES CITY, FL 33844 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: JOHN JACKSON SR.

04/16/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title STEW  
Name JACKSON, JOHN SR  
Address 9 TANGERINE DR.  
City-State-Zip: HAINES CITY FL 33844

Title TRUS  
Name ROBERSON, WALTER  
Address 1009 CHURCH ST  
City-State-Zip: LAKE HAMILTON FL 33851

Title SECR  
Name SMITH, BERNICE C  
Address 1050 DETOUR ROAD  
City-State-Zip: HAINES CITY FL 33844

Title STEWARD  
Name SMITH, BERNICE C  
Address 1050 DETOUR ROAD  
City-State-Zip: HAINES CITY FL 33844

Title TRUSTEE  
Name JACKSON, JOHN D JR.  
Address 774 DETOUR ROAD  
City-State-Zip: HAINES CITY FL 33844

Title TRUSTEE  
Name BURTON, LEONARD  
Address 43 TANGELO DR.  
City-State-Zip: HAINES CITY FL 33844

Title STEWARD  
Name MINCEY, DOROTHY M.  
Address 509 PEARL ST.  
City-State-Zip: LAKE HAMILTON FL 33851

Title PASTOR  
Name SHAW , BILLY ANDERSON  
Address 709 PEAR STREET  
City-State-Zip: LAKELAND FL 33815

**Continues on page 2**

*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: BERNICE C. SMITH

SECRETARY

04/16/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            STEWART  
Name            FIELDS, KAY  
Address        5604 HILLVIEW COURT  
City-State-Zip: LAKELAND FL 33810