

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17603

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

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: No

Name and Address of Current Registered Agent:

GRANT, ALICE COBB .
794 HUNT DRIVE
LAKE WALES DRIVE, FL 33853 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: ALICE GRANT

02/02/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title STEWARD
Name GRANT, ALICE COBB
Address 794 HUNT DRIVE
City-State-Zip: LAKE WALES FL 33853

Title SECR
Name ESCO-SANDERS, VELETA
Address 516 CODY CALEB DRIVE
City-State-Zip: WINTERR HAVEN FL 33884

Title TRUSTEE
Name JACKSON, JOHN D JR.
Address 774 DETOUR ROAD
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 STEWARD
Name ROBERSON, WALTER
Address 1009 CHURCH ST
City-State-Zip: LAKE HAMILTON FL 33851

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

Title TRUSTEE
Name BURTON, LEONARD
Address 1210 TEMPLE CIRCLE
City-State-Zip: HAINES CITY FL 33844

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

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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: ALICE GRANT

STEWARD

02/02/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title STEWARD

Name SANDERS, WILLIE

Address 516 CODY CALEB DRIVE

City-State-Zip: WINTER HAVEN FL 33884