

**2023 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: Yes**

**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

02/22/2023

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

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

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 1210 TEMPLE CIRCLE  
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: ALICE GRANT

STEWART

02/22/2023

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