## 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27329

Entity Name: NEW MOUNT ZION MISSIONARY BAPTIST CHURCH OF

HAINES CITY, INC.

**Current Principal Place of Business:** 

713 N 8TH ST

HAINES CITY, FL 33844

**Current Mailing Address:** 

P.O. BOX 690

HAINES CITY, FL 33845

FEI Number: 59-1912200 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BENNETT, HAROLD V III 1308 BLOOMINGDALE TRAIL BLVD. BRANDON, FL 33511 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: HAROLD V. BENNETT, III

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title **MEMBER** Title FINANCIAL SECRETARY Name CHRISTIAN, EDITH F Name SIRMONS, PANELLA I Address 1125 AVENUE L. Address 505 8TH STREET NORTH City-State-Zip: HAINES CITY FL 33844 City-State-Zip: HAINES CITY FL 33844

Title **MEMBER** Title **PASTOR** 

WHITFIELD, ELVIN Name BENNETT, HAROLD V III Name

Address 1308 BLOOMINGDALE TRAIL BLVD. Address 425 5TH STREET NORTH

City-State-Zip: HAINES CITY FL 33844 City-State-Zip: BRANDON FL 33511

Title ASST. SECRETARY Title **TREASURER** Name SMITH, JULIANE Name HARVEY, TANGELIA F Address **NORTH 8TH STREET** 826 NORTH 7TH STREET Address City-State-Zip: HAINES CITY FL 33844 HAINES CITY FL 33844 City-State-Zip:

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: EDITH F. CHRISTIAN

**MEMBER** 

01/17/2018

**FILED** Jan 17, 2018

**Secretary of State** 

CC3509726382

01/17/2018