

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27329

**FILED
Feb 10, 2019
Secretary of State
3746234535CC**

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

02/10/2019

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	PASTOR	Title	MEMBER
Name	BENNETT, HAROLD V III	Name	WHITFIELD, ELVIN
Address	1308 BLOOMINGDALE TRAI L BLVD.	Address	425 5TH STREET NORTH
City-State-Zip:	BRANDON FL 33511	City-State-Zip:	HAINES CITY FL 33844
Title	TREASURER	Title	ASST. SECRETARY
Name	HARVEY, TANGELIA F	Name	SMITH, JULIANE
Address	826 NORTH 7TH STREET	Address	NORTH 8TH STREET
City-State-Zip:	HAINES CITY FL 33844	City-State-Zip:	HAINES CITY FL 33844

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: TANGELIA F. HARVEY

TREASURER

02/10/2019

Electronic Signature of Signing Officer/Director Detail

Date