

**2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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

06/17/2020

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	DEACON
Name	BENNETT, HAROLD V III	Name	WHITFIELD, ELVIN
Address	1308 BLOOMINGDALE TRAIL 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
Title	DEACON		
Name	JUDD, MICHAEL		
Address	2237 BARRINGTON LOOP		
City-State-Zip:	DAVENPORT FL 33837		

*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:** HAROLD VIRGIL BENNETT

PASTOR

06/17/2020

Electronic Signature of Signing Officer/Director Detail

Date