

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N27329

**Entity Name:** NEW MOUNT ZION MISSIONARY BAPTIST CHURCH OF HAINES CITY, INC.

**FILED**  
**Jan 17, 2017**  
**Secretary of State**  
**CC0054248860**

**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**

**01/17/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title ASST. TREASURE

Name CHRISTIAN, EDITH F

Address 1125 AVENUE L.

City-State-Zip: HAINES CITY FL 33844

Title FINANCIAL SECRETARY

Name SIRMONS, PANELLA I

Address 505 8TH STREET NORTH

City-State-Zip: HAINES CITY FL 33844

Title MEMBER

Name STREETER, JAMES W

Address 88 PINE FOREST LANE- P.O. BOX 873

City-State-Zip: HAINES CITY FL 33845

Title PASTOR

Name BENNETT, HAROLD V III

Address 1308 BLOOMINGDALE TRAI L BLVD.

City-State-Zip: BRANDON FL 33511

Title TREASURER

Name WHITFIELD, ELVIN

Address 425 5TH STREET NORTH

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: ELVIN WHITFIELD, JR.**

**TREASURER**

**01/17/2017**

Electronic Signature of Signing Officer/Director Detail

Date