

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27329

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

FILED
Feb 26, 2014
Secretary of State
CC0801834918

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:

SCOTT, NOEL H SR.
316 ALTA VISTA DR
HAINES CITY, FL 33844 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: NOEL H. SCOTT, SR.

02/26/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title T
Name CHRISTIAN, EDITH F
Address 1125 AVENUE L.
City-State-Zip: HAINES CITY FL 33844

Title S
Name SIRMONS, PANELLA I
Address 505 8TH STREET NORTH
City-State-Zip: HAINES CITY FL 33844

Title D
Name STREETER, JAMES W
Address 88 PINE FOREST LANE- P.O. BOX 873
City-State-Zip: HAINES CITY FL 33845

Title P
Name SCOTT, NOEL H SR.
Address 316 ALTA VISTA DR P.O. BOX 243
City-State-Zip: HAINES CITY FL 33845

Title M
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: EDITH F. CHRISTIAN

TREASURER

02/26/2014

Electronic Signature of Signing Officer/Director Detail

Date