	ing Address.			
P.O. BOX 69 HAINES CIT	90 Y, FL 33845			
FEI Number: 59-1912200			Certificate of Status Desired: No	
Name and A	ddress of Current Registered Agent:			
BENNETT, HAF 1308 BLOOMIN BRANDON, FL	IGDALE TRAIL BLVD.			
The above named	l entity submits this statement for the purpose of changing it	ts registered office or regis	tered agent, or both, in the State of Flori	da.
SIGNATURE	E: HAROLD V. BENNETT, III			03/17/2023
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	FINANCIAL SECRETARY	Title	PASTOR	
Name	SIRMONS, PANELLA I	Name	BENNETT, HAROLD V III	
Address	505 8TH STREET NORTH	Address	1308 BLOOMINGDALE TRAI L B	LVD.
City-State-Zip:	HAINES CITY FL 33844	City-State-Zip:	BRANDON FL 33511	
Title	SECRETARY	Title	TREASURER	
Name	JUDD, BELINDA	Name	HARVEY, TANGELIA F	
Address	713 N 8TH ST	Address	826 NORTH 7TH STREET	
City-State-Zip:	HAINES CITY FL 33844	City-State-Zip:	HAINES CITY FL 33844	
Title	ASST. SECRETARY	Title	DEACON	
Name	SMITH, JULIANE	Name	JUDD, MICHAEL	
Address	NORTH 8TH STREET	Address	2237 BARRINGTON LOOP	
City-State-Zip:	HAINES CITY FL 33844	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 BENNETT

Electronic Signature of Signing Officer/Director Detail

Date

# **FILED** Mar 17, 2023 **Secretary of State** 4122348097CC

**Current Principal Place of Business:** 713 N 8TH ST HAINES CITY, FL 33844

DOCUMENT# N27329

HAINES CITY, INC.

## **Current Mailing Address:**

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: NEW MOUNT ZION MISSIONARY BAPTIST CHURCH OF