

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1995 MAR 20 AM 7:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 712321 (9)
1. Corporation Name
NEW JERUSALEM MISSIONARY BAPTIST CHURCH INC. OF
WEST HOLLYWOOD

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
5541 SW 21 ST.
P.O. BOX 3724
HOLLYWOOD FL 33023

| | |
|--|--|
| 3. Date Incorporated or Qualified 02/28/1967 | 3a. Date of Last Report 04/20/1994 |
| 4. FEI Number 59-1707941 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/> | \$68.75 Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|--------------------------------------|---------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 |
| Zip 29 | Country 30 |

9. Name and Address of Current Registered Agent
JONES, CHARLES
3070 N.W. 70TH TERR
MIAMI FL 33147

| | |
|---|---------------------------------------|
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | 300001436088 -03/22/95--01034--015 |
| 84 City | *****75.00 *****75.00 FL Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, hand or printed name of registered agent and title if applicable (PRINT Registered Agent signature required when registering) DATE

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|-------------------------|
| TITLE | PD |
| NAME | JONES, CHARLES |
| STREET ADDRESS | 3070 N.W. 70TH TERR. |
| CITY - ST - ZIP | MIAMI FL |
| TITLE | ST |
| NAME | BLAIR, CHRISTINE |
| STREET ADDRESS | 4390 N.W. 171ST ST. |
| CITY - ST - ZIP | MIAMI FL |
| TITLE | D |
| NAME | NEWKIRK, ERNEST |
| STREET ADDRESS | 2770 N.W. 25TH ST. |
| CITY - ST - ZIP | FT. LAUDERDALE FL |
| TITLE | T |
| NAME | JONES, ADDIE |
| STREET ADDRESS | 5832 FLAGER ST |
| CITY - ST - ZIP | HOLLYWOOD FL 33023 |
| TITLE | D |
| NAME | MONTFORD, JOHN |
| STREET ADDRESS | 2241 N.W. 168TH TERRACE |
| CITY - ST - ZIP | MIAMI FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| 13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY - ST - ZIP | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY - ST - ZIP | |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY - ST - ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY - ST - ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY - ST - ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110 (7)(3)(b), Florida Statutes. Further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 liquidator empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE: Charles Jones / PD *Charles Jones*
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

2-22-95 305 696 3494

Title Daytime Phone #

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **713328** (3)
1. Corporation Name

CONTINUING EDUCATION IN OPHTHALMOLOGY, INC.

Principal Place of Business

Mailing Address

1638 N W 10TH AVENUE
P O BOX 015869
MIAMI FL 33101-2869

1638 N W 10TH AVENUE
P O BOX 015869
MIAMI FL 33101-2869

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **09/11/1967** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-6211681** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NORTON, EDWARD W-D
1638 N W 10TH AVE
MIAMI FL 33136

81 Name **GABY KRESSLY**
82 Street Address (P.O. Box Number is Not Acceptable)
1638 N W 10TH AVE
83 **MIAMI**
84 City
85 Zip Code **FL 33136**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Gaby Kressly
Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when re-instating

2/8/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-----------------|------------------------------|
| TITLE | PO |
| NAME | NORTON, EDWARD W-D |
| STREET ADDRESS | 1638 N.W. 10TH AVENUE |
| CITY - ST - ZIP | MIAMI FL |
| TITLE | STD |
| NAME | CURTIN, VICTOR |
| STREET ADDRESS | 1838 N.W. 10TH AVENUE |
| CITY - ST - ZIP | MIAMI FL 33136 |
| TITLE | D |
| NAME | CLARKSON, JOHN |
| STREET ADDRESS | 1638 N.W. 10TH AVENUE |
| CITY - ST - ZIP | MIAMI FL 33136 |
| TITLE | PARRISH, RICHARD |
| NAME | 1638 |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| | |
|--------------------|--|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY - ST - ZIP | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY - ST - ZIP | |
| 31 TITLE | PO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY - ST - ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 42 NAME | PARRISH, RICHARD |
| 43 STREET ADDRESS | 1638 N W 10th Ave |
| 44 CITY - ST - ZIP | Miami, FL 33136 |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY - ST - ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John G Clarkson* **JOHN G CLARKSON** **2/8/95** **305/326-6116**
Signature and typed or printed name of signing officer or director

AW 3-20-95