

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 6/30/95: \$150 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN 20 AM 8:27

DOCUMENT # 760438 (2)

1. Corporation Name  
**NEW JERUSALEM DESCENDING FROM GOD OUT OF HEAVEN CHURCH (APOSTOLIC), INC.**

Principal Place of Business Mailing Address  
~~XXXXXX~~ 1371 NW 172ND STREET  
MIAMI FL 33169  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/16/1981 3a. Date of Last Report 05/01/1994  
4. FBI Number 59-2156511 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 1371 N.W. 172 ST. 26  
Suite, Apt. #, etc. 27  
22 City & State 23 MIAMI, FL 28  
24 33169 25 DADE 29 30

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  FILING FEE IS \$61.25  
8. This corporation has liability for intangible tax under s. 100.022, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
KENDRICK, ANTHONY J. #  
1371 N.W. 172 STREET  
MIAMI FL 33169

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	RD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENDRICK, ANTHONY J. #	12 NAME	Reverend ANTHONY KENDRICK
STREET ADDRESS	1371 NW 172 STREET	13 STREET ADDRESS	1371 N.W. 172 STREET
CITY - ST - ZIP	MIAMI FL	14 CITY - ST - ZIP	MIAMI, FLORIDA 33169
TITLE	S	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SYMONE TE GINA	22 NAME	CATHY M. KENDRICK
STREET ADDRESS	1371 N.W. 172ND ST.	23 STREET ADDRESS	1371 N.W. 172 STREET
CITY - ST - ZIP	MIAMI FL	24 CITY - ST - ZIP	MIAMI, FLORIDA 33169
TITLE	D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENDRICK/CATHY M.	32 NAME	EMMANUEL DEAN
STREET ADDRESS	1371 NW 172 ST	33 STREET ADDRESS	1371 N.W. 172 STREET
CITY - ST - ZIP	MIAMI FL	34 CITY - ST - ZIP	MIAMI, FLORIDA 33169
TITLE	S	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMONS/EDITH Q.	42 NAME	EDITH Q. DEAN
STREET ADDRESS	1371 N.W. 172ND STREET	43 STREET ADDRESS	1371 N.W. 172 STREET
CITY - ST - ZIP	MIAMI FL	44 CITY - ST - ZIP	MIAMI, FLORIDA 33169
TITLE	T	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL ERESIA	52 NAME	Reverend Rodney WOLCH
STREET ADDRESS	1371 NW 172ND ST.	53 STREET ADDRESS	TRUSTEE
CITY - ST - ZIP	MIAMI FL	54 CITY - ST - ZIP	1371 N.W. 172 STREET
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(3)(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 as an attachment with an address.

SIGNATURE: A. Kendrick A. KENDRICK 6-10-95 (305) 628-7603  
SIGNATURE AND TITLE OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR (Date) (Type Name)

CR2E037 (3/95)