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FILED  
May 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N16675 (3)

1. Corporation Name  
NEW JERUSALEM MT. ZION HOLINESS CHURCH OF GOD I  
N CHRIST BY FAITH, INC.



Principal Place of Business Mailing Address

11434 NW 22ND AVE  
MIAMI FL 33167  
US

11434 NW 22ND AVE  
P O BOX 680580  
MIAMI FL 33167  
US

3. Date Incorporated or Qualified

09/08/1986

4. FEI Number

65-0030208

Applied For  
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 2260 NW 117th St  
Suite, Apt. #, etc.

26 2260 NW 117th St  
Suite, Apt. #, etc.

22

27 P.O. BOX 680580

23 City & State  
MIAMI Florida

28 City & State  
MIAMI Fla.

24 Zip 33167

25 Country DADE

29 Zip 33168

30 Country DADE

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. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

WILSON REVEREND JOHN  
11434 NW 22ND AVE  
MIAMI FL 33167

10. Name and Address of New Registered Agent

81 Name Reverend JOHN Wilson  
82 Street Address (P.O. Box Number is Not Acceptable) 2260 N.W. 117th Street  
83 North  
84 City MIAMI FL 85 Zip Code 33167

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 *John Wilson* Reverend JOHN Wilson 4.22.98  
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WILSON, REV. J	
STREET ADDRESS	11434 NW 22ND AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VDS	<input type="checkbox"/> DELETE
NAME	WILSON, MAMIE	
STREET ADDRESS	11336 NW 22ND AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WORTHAM, WALTER	
STREET ADDRESS	11434 N.W. 22ND AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WILSON, MAMIE YVONNE	
STREET ADDRESS	11338 N. W. 22ND AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	president director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Rev. JOHN Wilson	
1.3 STREET ADDRESS	2260 NW 117th St Miami, Fla. 33167	
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Rev. John Wilson* Rev. JOHN Wilson 305-693683  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0032321

CR2E037 (10/97)