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FILED  
May 24, 1999 8:00 am  
Secretary of State

05-24-1999 90010 006 \*\*\*\*70.00

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NONPROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N16675

1. Corporation Name

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

Principal Place of Business

2260 NW 117TH ST  
MIAMI FL 33167  
US

Mailing Address

2260 NW 117TH ST  
P O BOX 680560  
MIAMI FL 33167  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

09/08/1986

4. FEI Number

65-0030208

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

9. Name and Address of Current Registered Agent

REVEREND JOHN WILSON  
2260 NW 117TH ST  
MIAMI FL 33167

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

Reverend John Wilson Reverend JOHN Wilson

5-20-1999

DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD  DELETE  
NAME REV JOHN WILSON  
STREET ADDRESS 2260 NW 117TH ST  
CITY-ST-ZIP MIAMI FL 33167

TITLE VDS  DELETE  
NAME WILSON, MAMIE  
STREET ADDRESS 11336 NW 22ND AVE.  
CITY-ST-ZIP MIAMI FL

TITLE TD  DELETE  
NAME WORTHAM, WALTER  
STREET ADDRESS 11434 N.W. 22ND AVE.  
CITY-ST-ZIP MIAMI FL

TITLE TD  DELETE  
NAME WILSON, MAMIE YVONNE  
STREET ADDRESS 11338 N. W. 22ND AVE  
CITY-ST-ZIP MIAMI FL

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  Change  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, with all other like empowered.

SIGNATURE

Reverend John Wilson

Reverend JOHN Wilson 305-6936583

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)