

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N18909 (4)
1. Corporation Name
INTERNATIONAL MISSION EVANGELICAL BAPTIST OF THE NEW JERUSALEM, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 21 PM 3:13



Principal Place of Business Mailing Address
1006 NW 6TH AVENUE FT. LAUDERDALE FL 33311 US
1433 NW 7TH TERRACE FT. LAUDERDALE FL 33311-8003 US

3. Date Incorporated or Qualified
01/26/1987
4. FEI Number
65-0255018

2. Principal Place of Business 2a. Mailing Address
21 **1006 NW 6 AVE** 26 **1433 NW 7th Terr**
Suite, Apt #, etc. Suite, Apt #, etc.
22 **FLA** 27 **FLA**
City & State City & State
23 **FLA LAUDERDALE, FL** 28 **FLA LAUDERDALE**
Zip Country Zip Country
24 **33311** 25 **US** 29 **33311** 30 **US**

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
QUETELY, JEAN REV.
1433 NW 7TH TERRACE
FORT LAUDERDALE FL 33311

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 **10003031981--7**
-11/02/99--01037--009
84 City *******61.25 FL *****8 P:25**

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JEAN, QUETLEY REV.	President
STREET ADDRESS	1433 NW 7TH TERR.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	AP	<input type="checkbox"/> DELETE
NAME	JEAN, LUNISE	Vice President
STREET ADDRESS	1433 NW 7TH TERR.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANTHONY, AMISAL	First Secretary
STREET ADDRESS	1433 NW 7TH TERR.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	VALES, MARIE MICHEL	Second Secretary
STREET ADDRESS	1433 NW 7TH TERR.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	T1	<input type="checkbox"/> DELETE
NAME	CARASCO, JONATHAS	First Decord
STREET ADDRESS	1433 NW 7TH TERR.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	T2	<input type="checkbox"/> DELETE
NAME	GUERRIER, ELVIRGINE	First Treasury
STREET ADDRESS	1433 NW 7TH TERR.	
CITY-ST-ZIP	FT. LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Morie Etienne
1.3 STREET ADDRESS	1433 NW 7th Terr
1.4 CITY-ST-ZIP	FLA LAUDERDALE FL Second Treasury
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Joseph ALEXIS
2.3 STREET ADDRESS	1433 NW 7th Terr
2.4 CITY-ST-ZIP	FLA LAUDERDALE FL Second Decord
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Gertrude Alexis
3.3 STREET ADDRESS	1433 NW 7th Terr
3.4 CITY-ST-ZIP	FLA LAUDERDALE FL Counselor
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: _____ REQUIRED REV. 5/99 1/25/99 (454) 994-138
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0034944

CR2E037 (10/97)