

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N21399** (3)
1. Corporation Name

NEW JERUSALEM MT. ZION HOLINESS CHURCH OF GOD IN CHRIST BY FAITH, OF NORTH CENTRAL FLORIDA, INC.



Principal Place of Business: 701 49 ST. S. GULFPORT FL 33707
Mailing Address: ~~701 49 ST. S.~~ GULFPORT FL 33707
6750 West FLAMING Way S. ST PETERSBURG FLA

3. Date Incorporated or Qualified: **07/01/1987**
3a. Date of Last Report: **04/27/1995**
FEI Number: **59-3098777**
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

21. Principal Place of Business: **701 49 ST. S. Gulfport FL 33707**
22. Suite, Apt. #, etc. City & State: **Gulfport FL 33707**
23. Zip Country: **33707 FL**
24. Zip Country: **33707 FL**

9. Name and Address of Current Registered Agent
**MORRISON, CLAIRE
6750 W FLAMING WAY SO.
ST. PETERSBURG FL 33707**

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

TITLE	TD	<input type="checkbox"/> DELETE
NAME	SEYMOUR, ERNEST	
STREET ADDRESS	1201 57TH ST. N.	
CITY - ST - ZIP	ST. PETERSBURG FL 33710	
TITLE	ATD	<input type="checkbox"/> DELETE
NAME	MORRISON, CLAIRE	
STREET ADDRESS	6750 W. FLAMINGO WAY S.	
CITY - ST - ZIP	ST. PETERSBURG FL 33707	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHOOLEY, EARL	
STREET ADDRESS	4901 8TH AVE. S.	
CITY - ST - ZIP	GULFPORT FL 33707	
TITLE	AD	<input type="checkbox"/> DELETE
NAME	THOMPSON, WILLIAM	
STREET ADDRESS	745 41ST STREET N.	
CITY - ST - ZIP	ST. PETERSBURG FL 33713	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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(3)(k), 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: Claire Morrison 4/19/96 813 345 0622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day/Time/Phone #

CR2E037 (12/95)