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**FILED**

**Jun 04 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 # N 21 399**  
1. Corporation Name  
**NEW JERESULUM Mt ZION Holiness Church of God  
IN CHRIST BY FAITH OF NORTH CENTRAL FLORIDA INC**

Principal Place of Business: **701 49 St S  
Gulfport FLA 33701  
US**

Mailing Address: **6750 W FLAMINGO Way South  
St Petersburg FLA 33701**

3. Date Incorporated or Qualified: **7/01/1987**

4. FEI Number: **59 309 8777** 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**

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

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip Country

29 Zip Country

30

**9. Name and Address of Current Registered Agent**

**MORRISON CLAIRE  
6750 W FLAMINGO Way S  
St Pet FLA 33701**

**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's signature required when reinstating) DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP

1. **ATD MORRISON CLAIRE** 6750 W FLAMINGO Way S St Pet FLA 33707  DELETE

2. **Schooley Earl** 4901 S Aves S Gulfport FLA 33707  DELETE

3. **AP Thompson William** 1745 91st N St Pet FLA 33713  DELETE

4. **Sec ALAN LITTE Sec** 5307 29 Aves S Gulfport FLA 33701  DELETE

5. \_\_\_\_\_  DELETE

6. \_\_\_\_\_  DELETE

7. \_\_\_\_\_  DELETE

**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

**SIGNATURE:** **CLAIRE MORRISON** **5/20/98** **813 3450622**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)