

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90228 027 \*\*\*\*70.00

**DOCUMENT # N21399**

1. Entity Name

**NEW JERUSALEM MT. ZION HOLINESS CHURCH OF GOD IN**

Principal Place of Business

Mailing Address

701 49 ST. S.  
 GULFPORT FL 33707  
 US

6750 W FLAMINGO WAY SOUTH  
 ST PETERSBURG FL 33707-2970  
 US

**702474**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3098777**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MORRISON, CLAIRE**  
**6750 W FLAMING WAY SO.**  
**ST.PETERSBURG FL 33707**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>ATD</b>	<input type="checkbox"/> Delete
NAME	<b>MORRISON, CLAIRE</b>	
STREET ADDRESS	<b>6750 W. FLAMINGO WAY S.</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33707</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SCHOOLEY, EARL</b>	
STREET ADDRESS	<b>4901 8TH AVE. S.</b>	
CITY-ST-ZIP	<b>GULFPORT FL 33707</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MORRISON, TANIA</b>	
STREET ADDRESS	<b>745 41ST STREET N.</b>	
CITY-ST-ZIP	<b>ST.PETERSBURG FL 33713</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MORRISON, DAVID</b>	
STREET ADDRESS	<b>701 49ST S.</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33707</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **CLAIRE MORRISON** **REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/2000 827-345 AC  
 Date Daytime Phone #