

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2001 8:00 am
Secretary of State
 03-28-2001 90216 041 ****70.00

0061549

DOCUMENT # N21399
 1. Entity Name
NEW JERUSALEM MT. ZION HOLINESS CHURCH OF GOD IN

Principal Place of Business 701 49 ST. S. GULFPORT FL 33707 US	Mailing Address 6750 W FLAMINGO WAY SOUTH ST PETERSBURG FL 33707 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3098777	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired	\$8.75 Additional Fee Required	

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State: 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 _____ (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

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	D	<input type="checkbox"/> Delete
NAME	MORRISON, TANIA	
STREET ADDRESS	745 41ST STREET N.	
CITY-ST-ZIP	ST. PETERSBURG FL 33713	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORRISON, DAVID	
STREET ADDRESS	701 49ST S.	
CITY-ST-ZIP	SAINT PETERSBURG FL 33707	
TITLE	MICHAEL Fuller	<input type="checkbox"/> Delete
STREET ADDRESS	6750 W FLAMINGO Way S	
CITY-ST-ZIP	St Pete FL 33707	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL Fuller	
STREET ADDRESS	6750 W FLAMINGO Way S	
CITY-ST-ZIP	St Pete FL 33707	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE R. MORRISON
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 7 27 2001 Phone #: 408421

CR2E037 (10/00)