

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90563 006 ****61.25

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04082005 Chg-NP CR2E037 (10/03)

DOCUMENT # N21399					
1. Entity 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 US		Mailing Address 745 41 ST. N SAINT PETERSBURG, FL 33713 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3098777	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MORRISON, CLAIRE 1102 60ST S 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	ATD	<input type="checkbox"/> Delete	TITLE	ATD President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRISON, CLAIRE		NAME	Claire Morrison	
STREET ADDRESS	6750 W. FLAMINGO WAY S.		STREET ADDRESS	745 41st Street No	
CITY-ST-ZIP	ST. PETERSBURG, FL 33707		CITY-ST-ZIP	St. Petersburg, FL 33713	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORRISON, TANIA		NAME	Anna Morrison	
STREET ADDRESS	745 41ST STREET N.		STREET ADDRESS	1102 60th Street So.	
CITY-ST-ZIP	ST.PETERSBURG, FL 33713		CITY-ST-ZIP	Gulfport, FL 33707	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FULLER, MICHEAL		NAME	Brian Morrison	
STREET ADDRESS	6750 W FLAMINGO WAYS		STREET ADDRESS	1102 60th Street South	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33707		CITY-ST-ZIP	Gulfport, FL 33707	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Claire Morrison</u>		Date: <u>4/8/05</u>		Daytime Phone #: <u>7274108923</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	