

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90073 043 \*\*\*\*70.00

**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

~~6750 W. FLAMINGO WAY SOUTH~~  
~~ST PETERSBURG FL 33707~~  
1102 60st South  
Gulfport FLA 33707

2. Principal Place of Business

3. Mailing Address  
1102 60st S  
St Pete FLA 33707

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
St Pete FLA

Zip

Country

Zip Country  
33707 Penelles

4. FEI Number **59-3098777**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**MORRISON, CLAIRE**  
1102 60ST S  
ST.PETERSBURG FL 33707

Cell phone

727 4108423

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing  
Trust Fund Contribution.  **\$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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>ATD</b>						
	<b>MORRISON, CLAIRE</b>	<b>6750 W. FLAMINGO WAY S.</b>	<b>ST. PETERSBURG FL 33707</b>				
	<b>D</b>						
	<b>SCHOOLEY, EARL</b>	<b>4901 8TH AVE. S.</b>	<b>GULFPORT FL 33707</b>		<b>D</b>	<b>LIANA MORRISON</b>	<b>1321 15 STN</b>
	<b>D</b>					<b>SHore 33707</b>	
	<b>MORRISON, TANIA</b>	<b>745 41ST STREET N.</b>	<b>ST.PETERSBURG FL 33713</b>				
	<b>D</b>						
	<b>MORRISON, DAVID</b>	<b>701 49ST S.</b>	<b>SAINT PETERSBURG FL 33707</b>				
	<b>D</b>						
	<b>FULLER, MICHEAL</b>	<b>6750 W FLAMINGO WAYS</b>	<b>SAINT PETERSBURG FL 33707</b>				

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 MORRISON 4/15/03 727 410 8423

CR2E037 (10/02)