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May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N22552 (6)

1. Corporation Name
NEW JERUSALEM MT. ZION HOLINESS CHURCH OF GOD IN CHRIST BY FAITH, UNDER THE PROTECTION OF THE AL



Principal Place of Business 11434 NW 22ND AVE. PO BOX 680580 MIAMI FL 33168	Mailing Address 11434 NW 22ND AVE. PO BOX 680580 MIAMI FL 33168-0580
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3. Date Incorporated or Qualified 09/17/1987	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 11434 NW 22nd Ave	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami Florida	City & State 28
Zip 24 33167	Country 25 DADE
	Country 30

4. FEI Number 65-0030219	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**WILSON, REVEREND J
11334 NW 22ND AVE.
MIAMI FL 33167**

10. Name and Address of New Registered Agent

81 Name Reverend JOHN Wilson
82 Street Address (P.O. Box Number is Not Acceptable) 11434 NW 22nd Ave
83 City MIAMI
84 Zip Code FL 33167

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 I accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: **John Wilson** (Signature, typed or printed name of registered agent and title if applicable) **President JOHN Wilson** (NOTE: Registered Agent signature required when reinstating) **4-29-97** (DATE)

12. OFFICERS AND DIRECTORS

TITLE PD	NAME WILSON, JOHN	STREET ADDRESS 11434 NW 22ND AVE	CITY-ST-ZIP MIAMI FL 33167	<input checked="" type="checkbox"/> DELETE
TITLE VSD	NAME WILSON, MAMIE	STREET ADDRESS 11336 N.W. 22ND AVE.	CITY-ST-ZIP MIAMI FL	<input type="checkbox"/> DELETE
TITLE DT	NAME WORTHAM, WALTER	STREET ADDRESS 11434 NW 22ND AVE	CITY-ST-ZIP MIAMI FL	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME JOHN Wilson	
1.3 STREET ADDRESS 11434 NW 22nd Ave	
1.4 CITY-ST-ZIP MIAMI FL 33167	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: **John Wilson** (Signature) **President JOHN Wilson** (NOTE: Registered Agent signature required when reinstating) **305** (DATE)

CR2E037 (9/96)