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FILED
May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 MIAMI FL 33167 US	Mailing Address 11434 NW 22ND AVE PO BOX 680580 MIAMI FL 33168
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3. Date Incorporated or Qualified
09/17/1987

4. FEI Number
65-0030219

Applied For Not Applicable

21. Principal Place of Business 2260 NW 117th St	22. Suite, Apt. #, etc.	26a. Mailing Address 2260 NW 117th St	27. Suite, Apt. #, etc. P.O. Box 680580
23. City & State Miami Fla.	24. Zip 33167	28. City & State Miami Fla.	29. Zip 33168
25. Country Dade	30. Country Dade		

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 Yes No

9. Name and Address of Current Registered Agent

WILSON, JOHN R
11434 NW 22ND AVE
MIAMI FL 33167

10. Name and Address of New Registered Agent

81 Name **Rev. JOHN Wilson**

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

83 **2260 NW 117th Street**

84 City **MIAMI** FL 85 Zip Code **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 accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Rev. John Wilson** **resident JOHN Wilson 4-23-98**

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	President Director	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	JOHN Wilson		
1.3 STREET ADDRESS	2260 NW 117th Street		
1.4 CITY-ST-ZIP	MIAMI Fla. 33167		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. 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 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: **Rev. John Wilson - President JOHN Wilson** **4-22-98**

Signature typed or printed name of signing officer or director Date Daytime Phone # **0032329**

CR2E037 (10/97)