

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Myrland
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY - 1 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N46744** (1)

1. Corporation Name:
**THE NEW JERUSALEM MOUNT ZION HOLINESS CHURCH OF
GOD IN CHRIST BY FAITH AND OLD PEOPLE RESCUE AND**

Principal Place of Business Mailing Address
11434 N.W. 22ND AVENUE MIAMI FL 33167
11334 N.W. 22ND AVENUE P. O. BOX 680580 MIAMI FL 33168 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/06/1992	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0030219	Applied For <input type="checkbox"/> Not Applicable
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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 State Apt. #, etc. 22 City & State 24 Zip 25 Country	2a. Mailing Address 26 State Apt. #, etc. 27 City & State 29 Zip 30 Country
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9. Name and Address of Current Registered Agent
**WILSON, BISHOP JOHN W.
11334 N.W. 22ND AVENUE
MIAMI FL 33167**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the 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 607.0505, Florida Statutes.

SIGNATURE _____
Signature of current registered agent and the applicant (607.1508 Registered Agent Signature required when instituting change)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WILSON, BISHOP W.
STREET ADDRESS	11334 N.W. 22ND AVENUE
CITY, ST, ZIP	MIAMI FL
TITLE	VSD
NAME	WILSON, MAMIE
STREET ADDRESS	1136 N.W. 22ND AVENUE
CITY, ST, ZIP	MIAMI FL
TITLE	TD
NAME	WORTHAM, WALTER
STREET ADDRESS	9050 N.W. 20TH AVE.
CITY, ST, ZIP	MIAMI FL
TITLE	TD
NAME	MAMIE WILSON, YVONNE
STREET ADDRESS	11336 NW 22ND AVE.
CITY, ST, ZIP	MIAMI FL 33167
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 as requested, or on an attachment with an address.

SIGNATURE: *Mamie Wilson* (MAMIE WILSON) **Secretary** 4-27-95 305 6-936583
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR