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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

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: 11434 N.W. 22ND AVENUE MIAMI FL 33167
Mailing Address: 11334 N.W. 22ND AVENUE P. O. BOX 680580 MIAMI FL 33168-0580 US

3. Date Incorporated or Qualified: 01/06/1992
3a. Date of Last Report: 05/01/1996
4. FEI Number: 65-0030219
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
2a. Mailing Address: 11434 NW 22nd Ave P.O. Box 680580
22. Suite, Apt. #, etc.
23. City & State: Miami Florida
24. Zip: 33167
25. Country: DADÉ

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: Bishop JOHN W. Wilson
82. Street Address (P.O. Box Number is Not Acceptable): 11434 NW 22nd Ave
83.
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: Bishop John W. Wilson President JOHN W. Wilson 4-29-97
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WILSON, JOHN W	
STREET ADDRESS	11434 N.W. 22ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	WILSON, MAMIE	
STREET ADDRESS	1138 N.W. 22ND AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WORTHAM, WALTER	
STREET ADDRESS	9050 N.W. 20TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MAMIE WILSON, YVONNE	
STREET ADDRESS	11338 NW 22ND AVE.	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 agreement with an address.
SIGNATURE: John W. Wilson President JOHN W. Wilson 4-29-97 6926503 (305)

CR2E037 (9/96)