

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21399

**FILED**  
**Apr 08, 2014**  
**Secretary of State**  
**CC0033123535**

**Entity Name:** NEW JERUSALEM MT. ZION HOLINESS CHURCH OF GOD IN CHRIST BY FAITH, OF NORTH CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

701 49 ST. S.  
GULFPORT, FL 33707

**Current Mailing Address:**

745 41 ST. N  
SAINT PETERSBURG, FL 33713 US

**FEI Number: 59-3098777**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

MORRISON, CLAIRE  
745 41 STREET NORTH  
ST.PETERSBURG, FL 33713 US

*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.*

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           DIRE  
Name           MORRISON, CLAIRE  
Address        745 41ST STREET N  
City-State-Zip: SAINT PETERSBURG FL 33713

Title           ASST. PASTOR  
Name           MORRISON, CLAIRE  
Address        745 41ST.STREET NORTH  
City-State-Zip: SAINT PETERSBURG FL 33713

Title           PASTOR  
Name           FULLER, MICHAEL  
Address        1102 60TH.STREET SOUTH  
City-State-Zip: GULFPORT FL 33707

Title           ASST.DIR  
Name           FULLER, MICHAEL  
Address        745 41 ST. N  
City-State-Zip: SAINT PETERSBURG FL 33713

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

SIGNATURE: MORRISON CLAIRE

DIRECTOR

04/08/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date