

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21399

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

**FILED**  
**Feb 03, 2024**  
**Secretary of State**  
**5854117780CC**

**Current Principal Place of Business:**

745 41ST.STREET NORTH  
SAINT PETERSBURG, FL 33713

**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 PASTOR  
Name FULLER, MICHAEL  
Address 745 41 ST. N  
City-State-Zip: SAINT PETERSBURG FL 33713

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

Title ASSISANT DIRECTOR  
Name FULLLER, MICHAEL ASS DIRECTOR  
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: CLAIRE MORRISON

DIRECTOR

02/03/2024

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

\_\_\_\_\_  
Date