

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995. AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)

1

APPROVED
AND
FILED

1996 FEB 22 PM 4: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1995 + 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 704997 (6)

1. Corporation Name
NEW JERUSALEM IN ITS POWER, INC.

Principal Place of Business 1452 N.W. 58TH TERRACE MIAMI FL 33142-2516	Mailing Address 1452 N.W. 58TH TERRACE MIAMI FL 33142-2516 (void) JANIE DAVIS 1176 N.W. 58TH TERR. MIAMI - FLA. 33127
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/02/1963	3a. Date of Last Report 04/14/1994
4. FEI Number 59-6151960	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"/>	FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**DAVIS, JANIE
1176 N.W. 58TH TERRACE
MIAMI FL 33127**

10. Name and Address of New Registered Agent

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

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE PD	NAME DAVIS, JANIE B.
STREET ADDRESS 1176 N.W. 58TH TERRACE	
CITY - ST - ZIP MIAMI FL	
TITLE VD	NAME BROWN, JESSIE MAE
STREET ADDRESS 8156 N.W. 14TH PLACE	
CITY - ST - ZIP MIAMI FL	
TITLE D	NAME WILLIAMS, IZOLA
STREET ADDRESS 15341 N.W. 28TH COURT	
CITY - ST - ZIP MIAMI FL	
TITLE SD	NAME SUMMERSSETT, LAURA
STREET ADDRESS 5030 NW 10TH AVE	
CITY - ST - ZIP MIAMI FL (void)	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	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	300001722533 -02/23/96--01042--001 ****131.25 ****131.25
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	Secretary Joyce Williams
4.3 STREET ADDRESS	1175 N.W. 108 ST MIAMI - FLA. 33168
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Reinstatement Fee Waived Due to a Postal Error. (See Attachment)
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	SLC 2-22-96
6.4 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 if changed, or on an attachment with an address.

SIGNATURE: *Janie Davis* 1/16/96 Daytime Phone # _____ att

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/95)

70.4997

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Consumer Affairs
2200 NW 72nd Ave
Miami FL 33152-9631

January 16, 1996

Janie Davis
1176 NW 58th Ter
Miami FL 33127

Dear Ms. Davis:

Re: New Jerusalem In Its' Power Church

Thank you for taking the time to contact the Postal Service concerning the loss of a letter containing a money order which you mailed to the Division of Corporations in Tallahassee along with your 1995 Annual Report on April 4th, 1995.

Apparently, it was being returned to you for additional information and was lost in processing on its' way back to you. Your original payment made by money order in the amount of \$70.00 was never cashed and returned to you in November.

Please accept our apologies for any inconvenience this may have caused and feel free to use this letter to validate with the Division of Corporations in Tallahassee that the loss of your 1995 Annual Report along with the original money order was lost due to Postal error.

Sincerely,

A handwritten signature in cursive script that reads "Maria E. Sierra".

Maria E. Sierra
Manager, Consumer Affairs
South Florida District