

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 708284 (5)**  
1. Corporation Name  
**NEW JERUSALEM DISCIPLES CHURCH OF CHRIST, INC.**



Principal Place of Business  
**1709 NW 52ND ST.  
MIAMI FL 33142**

Mailing Address  
**P.O. BOX 540664  
OPA LOCKA FL 33054**

3. Date Incorporated or Qualified  
**12/22/1964**

3a. Date of Last Report  
**08/14/1995**

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip Country <b>24</b>	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip Country <b>29</b>	4. FEI Number <b>65-0187398</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

## 9. Name and Address of Current Registered Agent

**HUNTER (WILLIAMS) B. ADRIANA  
4428 N.W. 22 COURT  
MIAMI FL 33154**

## 10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

## 12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>HUNTER, (WILLIAMS) B. ADRIANA</b>	
STREET ADDRESS	<b>4428 N.W. 22 COURT</b>	
CITY - ST - ZIP	<b>MIAMI FL 33142</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>DAUGHTRY, HUNTER DERRICK</b>	
STREET ADDRESS	<b>16001 N.W. 22 COURT</b>	
CITY - ST - ZIP	<b>MIAMI FL 33054</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>POLLOCK, LEE ROANCE</b>	
STREET ADDRESS	<b>189 NW 88TH STREET</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>SWASEY, ANGELA MACK</b>	
STREET ADDRESS	<b>3961 N.W. 189TH TERRACE</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>JOHNSON, ELLEN</b>	
STREET ADDRESS	<b>2113 N.W. 68TH TERRACE</b>	
CITY - ST - ZIP	<b>MIAMI FL 33147</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>POLLOCK, WILEY G. JR.</b>	
STREET ADDRESS	<b>4420 N.W. 22ND CT.</b>	
CITY - ST - ZIP	<b>MIAMI FL 33142</b>	

## 13.

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 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:

*Adriana (Williams) B. Hunter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/20/96**  
Date

**(305) 623-1682**  
Daytime Phone #

CR2E037 (12/95)