

FILE NOW: FILING FEE IS \$61.25

FILED

May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33054-0664
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/22/1964		3a. Date of Last Report 05/01/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0187398		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
24 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HUNTER (WILLIAMS) B. ADRIANA 4428 N.W. 22 COURT MIAMI FL 33154				81 Name HUNTER (WILLIAMS) B. ADRIANA			
				82 Street Address (P.O. Box Number is Not Acceptable) 574 N.E. 163 st.			
				83 City N.M.BCH. FLA. 33162			
				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUNTER, (WILLIAMS) B. ADDRIANA	1.2 NAME	HUNTER, WILLIAMS) B. ADRIANA
STREET ADDRESS	4428 N.W. 22 COURT	1.3 STREET ADDRESS	574 N.E. 163rd ST.
CITY-ST-ZIP	MIAMI FL 33142	1.4 CITY-ST-ZIP	N.M.BCH. FLA. 33162
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAUGHTRY, HUNTER DERRICK	2.2 NAME	
STREET ADDRESS	16001 N.W. 22 COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33054	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLLOCK, LEE ROANCE	3.2 NAME	
STREET ADDRESS	189 NW 88TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWASEY, ANGELA MACK	4.2 NAME	
STREET ADDRESS	3961 N.W. 189TH TERRACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, ELLEN	5.2 NAME	DENISE RIVERS
STREET ADDRESS	2113 N.W. 68TH TERRACE	5.3 STREET ADDRESS	71 N.E. 163 ST
CITY-ST-ZIP	MIAMI FL 33147	5.4 CITY-ST-ZIP	N.M.BCH. FLA. 33162
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLLOCK, WILEY G. JR.	6.2 NAME	
STREET ADDRESS	4420 N.W. 22ND CT.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33142	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 attachment with an address.

SIGNATURE:

Adriana Williams Hunter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97 (305) 949 5966
Date Daytime Phone # 0024896

CR2E037 (9/96)