


FILE NOW: FILING FEE IS \$61.25

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May 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham 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
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2. Principal Place of Business 21 3741 N.E. 163 st. #164	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 N.M.Bch. Florida	City & State 28
Zip 24 33160	Country 25
	Country 30

3. Date Incorporated or Qualified 12/22/1964
4. FEI Number 65-0187398
5. Certificate of Status Desired <input 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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent HUNTER (WILLIAMS) B. ADRIANA 574 NE 163 ST N M BCH FL 33162	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
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUNTER, (WILLIAMS) B. ADRIANA 4428 N.W. 22 COURT MIAMI FL 33142	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P HUNTER, (WILLIAMS) B. ADRIANA 574 N.E. 163 ST NMBch FL. 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAUGHTRY, HUNTER DERRICK 16001 N.W. 22 COURT MIAMI FL 33054	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POLLOCK, LEE ROANCE 189 NW 88TH STREET MIAMI FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D HERCULES JONES JR., D.D. 10100 S.W. Indigo st. Perrine, Fl. 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SWASEY, ANGELA MACK 3981 N.W. 189TH TERRACE MIAMI FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RIVERS, DENISE 71 NE 163 ST N MIAMI BCH FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	S PEGGY, CARTER 4428 N.W. 22 COURT MIAMI, FL. 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POLLOCK, WILEY G. JR. 4420 N.W. 22ND CT. MIAMI FL 33142	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D JONATHAN OLLIFF JR. 3081 N.W. 51 STREET Miami, Fl. 33142

14. I 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 Hunter* 4-28-98 (305) 947-1751

CR2037 (1097)