


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 23, 2005 8:00 am**  
**Secretary of State**

05-23-2005 90009 023 \*\*\*\*65.25

**DOCUMENT # N04000004674**

1. Entity Name  
**NEW JERICO PENTECOSTAL HOLINESS MINISTRIES INC**



Principal Place of Business  
**4114 NW 17 AVE  
 MIAMI, FL 33142**

Mailing Address  
**4114 NW 17 AVE  
 MIAMI, FL 33142**

2. Principal Place of Business  
*4114 N.W. 17 ave*

3. Mailing Address  
*9401 NW 35th*

Suite, Apt. #, etc.



04282005 Chg-NP CR2E037 (10/03)

City & State  
*Miami FL*

City & State  
*Miami FL*

Zip  
*33142*

Country  
*Dade*

Zip  
*33147*

Country  
*Dade*

4. FEI Number  
**56-243687**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RICHARDSON, CORA**  
**9401 NW 35TH CT**  
**MIAMI, FL 33147**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not-Acceptable) \_\_\_\_\_

City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Cora Richardson* **5-6-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	OWENS, RUDY	
STREET ADDRESS	4114 NW 17 AVE	
CITY-ST-ZIP	MIAMI, FL 33142	
TITLE	D	<input type="checkbox"/> Delete
NAME	JAMES, KARL	
STREET ADDRESS	4114 NW 17 AVE	
CITY-ST-ZIP	MIAMI, FL 33142	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAMM, ROBERT	
STREET ADDRESS	4114 NW 17 AVE	
CITY-ST-ZIP	MIAMI, FL 33142	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAMM, EDDIE	
STREET ADDRESS	4114 NW 17 AVE	
CITY-ST-ZIP	MIAMI, FL 33142	
TITLE	D	<input type="checkbox"/> Delete
NAME	HYPPOLITE, KATRINA	
STREET ADDRESS	4114 NW 17 AVE	
CITY-ST-ZIP	MIAMI, FL 33142	
TITLE	O	<input type="checkbox"/> Delete
NAME	CLARK, MARY	
STREET ADDRESS	4114 NW 17 AVE	
CITY-ST-ZIP	MIAMI, FL 33142	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Cora Richardson* **5-6-05**

Signature and typed or printed name of signing officer or director Date Daytime Phone #