

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 05, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N04000004674**  
 1. Entity Name  
**NEW JERICO PENTECOSTAL HOLINESS MINISTRIES INC**



Principal Place of Business: **4114 NW 17 AVE MIAMI FL 33142**  
 Mailing Address: **9401 NW 35 CR MIAMI FL 33147**



2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/05)

4. FEI Number **56-2436187** Applied For Not Applicable

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

5. 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 \_\_\_\_\_ State **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.

000000494178  
 04/20/06-80034-022 70.00

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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 exemptions contained in Section 119, 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)*