


**2007 NOT-FOR-PROFIT CORPORATION.
ANNUAL REPORT (AR)**

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90178 014 ****61.25

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



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



1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #
4114 N.W. 17 Ave
Suite, Apt. #, etc.

3. Mailing Address
9401 N.W. 35 Ct
Suite, Apt. #, etc.

City & State City & State
Miami, FL Miami, FL

Zip Country Zip Country
33142 Dade 33147 Dade

4. FEI Number **56-2436187** 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 **Cora Richardson**
Street Address (P.O. Box Number is Not Acceptable)
9401 N.W. 35 Ct
City **Miami** FL Zip Code **33147**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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 checked="" 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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILEY WILLIAMS	
STREET ADDRESS	4114 N.W. 17 Ave	
CITY-ST-ZIP	Miami FL 33142	
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** **4-17-07 786-200-7311**