2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004674

FILED Apr 30, 2009 Secretary of State

Entity Name: NEW JERICHO PENTECOSTAL HOLINESS MINISTRIES INC

Current Principal Place of Business: New Principal Place of Business: 4114 N.W. 17 AVE 955 NW 3 AVE. MIAMI, FL 33142 **BAY 11** FL CITY, FL 33034 **Current Mailing Address: New Mailing Address:** 9401 NW 35 CR 755 NW 3 TERR MIAMI, FL 33147 FL CITY, FL 33034 FEI Number: 56-2436187 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RICHARDSON, CORA GILES, ANGELA 9401 NW 35TH CT 7452 SW 187 ST. US MIAMI, FL 33147 MIAMI, FL 33157 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. SIGNATURE: ANGELA GILES 04/30/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete WILLIAMS, BAILEY CLARK, JIMMIE Name: Name: 4114 NW 17 AVE Address: 755 NW 3 TERR. Address: City-St-Zip: MIAMI, FL 33142 City-St-Zip: FL CITY, FL 33034 Title: Title: VP/D (X) Change () Addition () Delete Name: CLARK, MARY Name: CLARK, MARY Address: 4114 NW 17 AVE Address: 755 NW 3 TERR. City-St-Zip: MIAMI, FL 33142 City-St-Zip: FL CITY, FL 33034 Title: () Delete Title: S/D () Change (X) Addition KIKAO, FICKLING Name: Name: 11978 SW 269 TERR. Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33032 Title: () Delete Title: T/D () Change (X) Addition Name: Name: SMITH, BERTHA Address: Address: 1405 NW 2 CT. APT.8 City-St-Zip: City-St-Zip: FL CITY, FL 33034 Title: () Delete Title: () Change (X) Addition DANZLTER, DIANA Name: Name: 12328 SW 259 ST. Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33032 Title: () Delete Title: () Change (X) Addition WILLIAM, BAILEY Name: Name: 422 NW 9 ST. Address: Address: HOMESTEAD, FL 33030 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGELA GILES RA 04/30/2009