

FILE NOW: FILING FEE IS \$61.25

FILED

May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morjtham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # N16675 (3)

1. Corporation Name

NEW JERUSALEM MT. ZION HOLINESS CHURCH OF GOD I
N CHRIST BY FAITH, INC.



Principal Place of Business 11343 NW 22ND AVE PO BOX 680580 MIAMI FL 33168	Mailing Address 11343 NW 22ND AVE PO BOX 680580 MIAMI FL 33168-0580
---	--

2. Principal Place of Business 21 11434 NW 22nd Ave Suite, Apt. #, etc. 22 City & State 23 Miami Florida Zip 24 33167 Country 25 Dade	2a. Mailing Address 26 11434 NW 22nd Ave Suite, Apt. #, etc. 27 P.O. Box 680580 City & State 28 Miami Fla. Zip 29 33168 Country 30 Dade
--	--

3. Date Incorporated or Qualified 09/08/1986	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0030208	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent WILSON REVEREND JOHN 11334 NW 22ND AVE MIAMI FL 33167
--

10. Name and Address of New Registered Agent 81 Name Reverend JOHN Wilson 82 Street Address (P.O. Box Number is Not Acceptable) 83 11434 NW 22nd Ave 84 City Miami FL 85 Zip Code 33167
--

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: *John Wilson* president JOHN Wilson 4.29.97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE PD NAME WILSON, REV. J STREET ADDRESS 11334 N.W. 22ND AVE. CITY-ST-ZIP MIAMI FL 33167	<input checked="" type="checkbox"/> DELETE New Address Rev. JOHN Wilson 11434 NW 22nd Ave Miami FL 33167
TITLE VDS NAME WILSON, MAMIE STREET ADDRESS 11336 NW 22ND AVE. CITY-ST-ZIP MIAMI FL	<input type="checkbox"/> DELETE
TITLE TD NAME WORTHAM, WALTER STREET ADDRESS 11434 N.W. 22ND AVE. CITY-ST-ZIP MIAMI FL	<input type="checkbox"/> DELETE
TITLE TD NAME WILSON, MAMIE YVONNE STREET ADDRESS 11338 N. W. 22ND AVE CITY-ST-ZIP MIAMI FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE President Director 1.2 NAME Rev. JOHN Wilson 1.3 STREET ADDRESS 11434 NW 22nd Ave 1.4 CITY-ST-ZIP Miami FL 33167	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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, changed, or on an attachment with an address.

SIGNATURE: *John Wilson* president JOHN Wilson 4/29/97 305 6936583

CR2E037 (9/96)