

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 19, 2005 08:00 AM  
Secretary of State

DOCUMENT # N16675

1. Entity Name

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



Principal Place of Business

2260 NW 117TH ST  
MIAMI FL 33167  
US

Mailing Address

2260 NW 117TH ST  
P O BOX 680580  
MIAMI FL 33167  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

65-0030208

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

REVEREND JOHN WILSON  
2260 NW 117TH ST  
MIAMI FL 33167

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when terminating)

DATE

FILE NOW: 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 PD ☐ Delete  
NAME REV JOHN WILSON  
STREET ADDRESS 2260 NW 117TH ST  
CITY- ST- ZIP MIAMI FL 33167

TITLE VDS ☐ Delete  
NAME WILSON, MAMIE  
STREET ADDRESS 11336 NW 22ND AVE.  
CITY- ST- ZIP MIAMI FL

TITLE TD ☐ Delete  
NAME WORTHAM, WALTER  
STREET ADDRESS 11434 N.W. 22ND AVE.  
CITY- ST- ZIP MIAMI FL

TITLE TD ☐ Delete  
NAME WILSON, MAMIE YVONNE  
STREET ADDRESS 11338 N. W. 22ND AVE  
CITY- ST- ZIP MIAMI FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS U00000316602  
CITY- ST- ZIP 04/19/05-80081-018 70.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAMIE WILSON

Date

Daytime Phone #

4.14.05

(305)

687-1218