

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 DEC 10 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N-21960

1. Corporation Name

New Jerusalem Holiness Church Apostolic Faith Inc.

Principal Place of Business

Mailing Address

5126 Pembroke Rd.
Hollywood, Fl. 33023

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

8-10-87

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0368770

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P/D	Mary V. Moore	3712 S.W. 52 Ave #208	Pembroke Park, Fl 33023
VP/D	Willie E. Moore	3712 S.W. 52 Ave #208	Pembroke Park, Fl 33023
S/D	Anna M. Wimberly	5411 S.W. 19th street	Hollywood, Fl. 33023

REINSTATEMENT 97-99 TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Mary V. Moore
3712 S.W. 52 Ave #208
Pembroke Park, Fl 33023

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc. 600003113726-2
City ***367.50 FL ***367.50

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Mary V. Moore
REGISTERED AGENT MUST SIGN

Date 12-8-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes No

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Mary V. Moore President/Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mary V. Moore 12-8-99 962-2931
219-9341

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N-21960
 1. Corporation Name
 New Jerusalem Holiness Church Apostolic Faith Inc.

Principal Place of Business Mailing Address
 5126 Pembroke Rd.
 Hollywood, FL 33023

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 8-10-87
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 05-0368770
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
 Mary V. Moore
 3712 S.W. 52 Ave #208
 Pembroke Park, FL 33023

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 FL 85 Zip Code

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 Mary V. Moore (President/Director) DATE 12-8-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE S/D	NAME Annie Mae Chandler	<input checked="" type="checkbox"/> DELETE
TITLE D	NAME Monic C. Willis	<input checked="" type="checkbox"/> DELETE
TITLE	NAME	<input type="checkbox"/> DELETE
TITLE	NAME	<input type="checkbox"/> DELETE
TITLE	NAME	<input type="checkbox"/> DELETE
TITLE	NAME	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D	NAME Mary V. Moore	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 STREET ADDRESS 3712 S.W. 52 Ave #208	1.3 CITY-ST-ZIP Pembroke Park, FL 33023	
2.1 TITLE VP/D	NAME Willie E. Moore	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 STREET ADDRESS 3712 S.W. 52 Ave #208	2.3 CITY-ST-ZIP Pembroke Park, FL 33023	
3.1 TITLE S/D	NAME ANNA M. Wimberly	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 STREET ADDRESS 5411 S.W. 19th Street	3.3 CITY-ST-ZIP Hollywood, FL 33023	
4.1 TITLE T/O	NAME Linda D. Chandler	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 STREET ADDRESS 3712 S.W. 52 Ave #208	4.3 CITY-ST-ZIP Pembroke Park, FL 33023	
5.1 TITLE O	NAME Walter B. Chandler	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 STREET ADDRESS 320 NW 3rd Court	5.3 CITY-ST-ZIP Hallandale, FL 33009	
6.1 TITLE O	NAME Annie Mae Chandler	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 STREET ADDRESS Rt. 4 Box 50-H	6.3 CITY-ST-ZIP King Street SC 29556	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary V. Moore Pres/Director DATE 12-8-99 (954) 962-2931
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #