

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

FILED
Apr 13, 2007 08:00 AM
Secretary of State



DOCUMENT # N22552
1. Entity Name
**NEW JERUSALEM MT. ZION HOLINESS CHURCH OF GOD
IN CHRIST BY FAITH, UNDER THE PROTECTION OF**

Principal Place of Business 2260 NW 117TH ST MIAMI FL 33167 US	Mailing Address 2260 NW 117TH ST PO BOX 680580 MIAMI FL 33168 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

1st MOORE CR2E037 (10/06)

4. FEI Number 65-0030219	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**REV 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

**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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD WILSON, JOHN 2260 NW 117TH ST MIAMI FL 33167	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VSD WILSON, MAMIE 11336 N.W. 22ND AVE. MIAMI FL	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DT WORTHAM, WALTER 11434 NW 22ND AVE MIAMI FL	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TRD WILSON, YVONNE 9009 NW 21ST AVE MIAMI FL 33147	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/>

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04/24/07-80053-018 70.00

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: VICE PRESIDENT MAMIE WILSON 4-11-07 (305) 687-1218