FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1995 MAY -1 PM 7:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N37430 (8)

1. Corporation Name

DEFENDERS OF THE CHRISTIAN FAITH CHURCH, THE NEW JERUSALEM, INC.

Principal Place of Business	Mailing Address
398 N.E. 171ST AVE. NORTH MIAMI BEACH FL 33162	398 N.E. 171ST AVE. NORTH MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/03/1990
3a. Date of Last Report: 05/25/1994
4. FEI Number: 65-0359517 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [X] $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 4528 N.W. 1st AVE.
22 Suite, Apt. #, etc.
23 City & State: MIAMI, FL.
24 Zip: 33127 25 Country: DADE

2a. Mailing Address
26 P.O.BOX 640099
27 Suite, Apt. #, etc.
28 City & State: MIAMI FL.
29 Zip: 33164-0099 30 Country: DADE

9. Name and Address of Current Registered Agent

FIGUEROA, RUBEN REV.
4148 EAST 10TH AVENUE
HIALEAH FL 33013

10. Name and Address of New Registered Agent

81 Name: FIGUEROA, RUBEN REV.
82 Street Address (P.O. Box Number is Not Acceptable): 521 N.E. 142 ST.
83
84 City: MIAMI FL 85 Zip Code: 33161

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: REV. RUBEN FIGUEROA
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FIGUEROA, RUBEN REV. 4135 EAST 10TH AVENUE HIALEAH FL	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition P FIGUEROA.RUBEN REV - D 521 N.E. 142 ST. MIAMI FL. 33161
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CP RODRIGUEZ, MARCO ANTONIO 2828 NW 1ST AVE. MIAMI FL	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition PASTRO`S WIFE - T IDALIA FIGUEROA 521 N.E.142 ST.MIAMI FL.33161
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS ALICANO, CARMEN 398 NE 171 TERRACE D N MIAMI BEACH FL	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition DS ALICANO,CARMEN - T 398 N.E.171 terr. N.M.B. FL. 33162
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition TAW 5-1-95 900001491919 -05/17/95--01147-001 ****130.00 ****130.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: REV. RUBEN FIGUEROA Ruben Figueroa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0043700