

FILE NOW: FILING FEE IS \$61.20

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N37430 (8)

1. Corporation Name

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

Principal Place of Business

4528 N.W. 1ST AVE.
MIAMI FL 33164-0099

Mailing Address

P.O. BOX 640099
MIAMI FL 33164-0099

2. Principal Place of Business

2a. Mailing Address

21 4528 NW 1 Avenue

26 P.O. Box 640099

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Miami, Florida

28 Miami Beach, FL

24 Zip 33164

25 Country USA

29 Zip 33164

30 Country USA

9. Name and Address of Current Registered Agent

FIGUEROA, RUBEN REV.
521 N.E. 142 ST.
MIAMI FL 33161

3. Date Incorporated or Qualified
04/03/1990

3a. Date of Last Report
05/01/1995

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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

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

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME FIGUEROA, RUBEN REV. ☐ DELETE
STREET ADDRESS 521 N.E. 142ND ST.
CITY-ST-ZIP MIAMI FL 33161

TITLE T
NAME FIGUEROA, IDALIA ☐ DELETE
STREET ADDRESS 521 NE 142ND ST.
CITY-ST-ZIP MIAMI FL 33161

TITLE DST
NAME ALICANO, CARMEN ☐ DELETE
STREET ADDRESS 398 NE 171 TERRACE D
CITY-ST-ZIP N MIAMI BEACH FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

Ruben Figueroa

Date

Daytime Phone #

815-2841

CR2E037 (12/95)