

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N46744** (1)

1. Corporation Name

**THE NEW JERUSALEM MOUNT ZION HOLINESS CHURCH OF
GOD IN CHRIST BY FAITH AND OLD PEOPLE RESCUE AND**



Principal Place of Business

Mailing Address

11434 N.W. 22ND AVENUE
MIAMI FL 33167

11334 N.W. 22ND AVENUE
P. O. BOX 680580
MIAMI FL 33168
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILSON, BISHOP JOHN W.
11334 N.W. 22ND AVENUE
MIAMI FL 33167**

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 re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME WILSON, BISHOP W.
STREET ADDRESS 11334 N.W. 22ND AVENUE
CITY-ST-ZIP MIAMI FL ☒ DELETE

1.1 TITLE President - Director ☒ Change ☐ Addition
1.2 NAME Bishop John W. Wilson
1.3 STREET ADDRESS 11334 NW 22nd Ave
1.4 CITY-ST-ZIP Miami Fla. 33167 ☐ Change ☐ Addition

TITLE VSD
NAME WILSON, MAMIE
STREET ADDRESS 1136 N.W. 22ND AVENUE
CITY-ST-ZIP MIAMI FL ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME WORTHAM, WALTER
STREET ADDRESS 9050 N.W. 20TH AVE.
CITY-ST-ZIP MIAMI FL ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME MAMIE WILSON, YVONNE
STREET ADDRESS 11336 NW 22ND AVE.
CITY-ST-ZIP MIAMI FL 33167 ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
000001811940
-05/07/96--01143--011
***70.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)