

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
95 APR 28 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N50855 (8)**
1. Corporation Name
**JESUS OF NAZARETH HOLINESS CHURCH FOR
ALL NATIONS INC.
16923 N.W. 57th AVE
MIAMI, FLA**

Principal Place of Business Mailing Address
**16923 N.W. 57th AVE 4831 N.W. 177th St
Miami, FLA 33055 Miami, FLA 33055**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
09/14/1982 4-14-94
4. FEI Number Applied For
65-039-5501 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 **\$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 2a. Mailing Address
21 **16923 N.W. 57th AVE** 26 **4831 N.W. 177th St**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 _____ 27 _____
City & State City & State
23 **Miami, FLA** 28 **Miami FLA**
Zip County Zip County
24 **33055** 25 **DADE** 29 **33055** 30 **DADE**

9. Name and Address of Current Registered Agent
**KNOX GEORGE F. ATTY.
25 WEST FLAGLER ST. PH.
CITY NATIONAL BANK BLDG.
MIAMI FLA 33130**

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 807.0502 and 807.1808, 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 807.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D/P/ TRUSTEE
NAME	MERRS, EARTHALEEN G.
STREET ADDRESS	16923 N.W. 57th AVE
CITY - ST - ZIP	MIAMI, FLA 33055
TITLE	D/TR/T.
NAME	MERRS, WILLIAM O.
STREET ADDRESS	16923 N.W. 57th AVE
CITY - ST - ZIP	MIAMI, FLA 33055
TITLE	D/LV/M.
NAME	JACKSON, STEPHANIE
STREET ADDRESS	16923 N.W. 57th AVE
CITY - ST - ZIP	MIAMI, FLA 33055
TITLE	D/TR
NAME	HOSTICK, DOROTHY
STREET ADDRESS	16923 N.W. 57th AVE
CITY - ST - ZIP	MIAMI, FLA 33055
TITLE	D/TR
NAME	WALTON, BUCIE M.
STREET ADDRESS	16923 N.W. 57th AVE
CITY - ST - ZIP	MIAMI, FLA 33055
TITLE	D/TR/V
NAME	MARY JACKSON
STREET ADDRESS	16923 N.W. 57th AVE
CITY - ST - ZIP	MIAMI, FLA 33055

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	
12 NAME	200001470592
13 STREET ADDRESS	-05/02/95--01064--008
14 CITY - ST - ZIP	*****70.00 *****70.00
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	SHIRLEY WILCOX
33 STREET ADDRESS	16923 N.W. 57th AVE
34 CITY - ST - ZIP	MIAMI, FLA 33055
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

4/28/95 M8

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 110.07(3)(b), Florida Statutes. I further certify that the information included 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **EARTHALEEN G. MERRS** 4-19-95 305-6874-5202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR