

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 # N50855 (8)

1. Corporation Name

JESUS OF NAZARETH HOLINESS CHURCH, FOR ALL NATIONS, INC.



Principal Place of Business

Mailing Address

**16923 NORTHWEST 57TH AVENUE
MIAMI FL**

**4831 N.W. 177TH STREET
MIAMI FL 33055**

3. Date Incorporated or Qualified 09/14/1992	3a. Date of Last Report 04/28/1995
4. FEI Number 65-0395501	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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
24	25
Zip	Country
29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KNOX, GEORGE F.
~~25 WEST FLAGLER STREET PH~~ **2601 S. BAYSHORE DR.**
~~CITY NATIONAL BANK BLDG.~~ **SUITE 1600**
~~MIAMI FL 33139~~ **MIAMI, FL 33133**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 KNOX, GEORGE F. HTH (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEARS, EARTHALEEN G.	1.2 NAME	
STREET ADDRESS	16923 N.W. 57TH AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33055	1.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEARS, WILLIAM O.	2.2 NAME	
STREET ADDRESS	16923 N.W. 57TH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33055	2.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILCOX, SHIRLEY	3.2 NAME	
STREET ADDRESS	16923 N.W. 57TH AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33055	3.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOSTICK, DOROTHY	4.2 NAME	
STREET ADDRESS	16923 N.W. 57TH AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33055	4.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTON, LUCIE M.	5.2 NAME	
STREET ADDRESS	16923 N.W. 57TH AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33055	5.4 CITY-ST-ZIP	
TITLE	DTV <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACKSON, MARY	6.2 NAME	D.J.V. JOSLYN COOPER
STREET ADDRESS	16923 NW 57TH AVE	6.3 STREET ADDRESS	16923 N.W. 57th Ave
CITY-ST-ZIP	MIAMI FL 33055	6.4 CITY-ST-ZIP	MIAMI FL 33055

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: Earthaleen G. Mears **Earthaleen G. Mears** 4-26-96 305-6245200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)