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May 12 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: 16923 NORTHWEST 57TH AVENUE MIAMI FL  
Mailing Address: 4831 N.W. 177TH STREET MIAMI FL 33055-3645

3. Date Incorporated or Qualified: 09/14/1992  
3a. Date of Last Report: 05/01/1996  
4. FEI Number: 65-0395501  
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

2. Principal Place of Business (21-24)  
2a. Mailing Address (25-30)

9. Name and Address of Current Registered Agent  
KNOX, GEORGE F.  
25 WEST FLAGLER STREET PH  
CITY NATIONAL BANK BLDG  
MIAMI FL 33138

NEW ADDRESS  
2601 So. Bayshore Dr  
Suite 1600  
MIAMI FL 33133

10. Name and Address of New Registered Agent  
81 Name: KNOX, GEORGE F.  
82 Street Address (P.O. Box Number is Not Acceptable): 2601 So. Bayshore Drive  
83 Suite 1600  
84 City: Miami FL 33133

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: \_\_\_\_\_ (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	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	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILCOX, SHIRLEY	3.2 NAME	D.S. GAILE WILSON
STREET ADDRESS	16923 N.W. 57TH AVENUE	3.3 STREET ADDRESS	16923 N.W. 57TH AVE
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI FL
TITLE	DTA <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	4.4 CITY-ST-ZIP	
TITLE	DTA <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALTON, LUCIE M.	5.2 NAME	D. TR. ROSE ROLLE JOHNSON
STREET ADDRESS	16923 N.W. 57TH AVENUE	5.3 STREET ADDRESS	16923 N.W. 57TH AVE
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	MIAMI FL
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. TR. JOSELYN COPPER
STREET ADDRESS	16923 NW 57TH AVE	6.3 STREET ADDRESS	16923 N.W. 57TH AVE
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	MIAMI FL

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: \_\_\_\_\_ DATE: 4-14-97 DAYTIME PHONE: 305-624-5200

CR2E037 (9/96)