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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N50855

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 33065
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 09/14/1992	4. FEI Number 65-0395501	Applied For 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		

9. Name and Address of Current Registered Agent KNOX, GEORGE F. 2601 S. BAYSHORE DR. STE. 1600 MIAMI FL 33133	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
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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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MEARS, EARTHLEEN G. 16923 N.W. 57TH AVENUE MIAMI FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P, D, M, <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTR MEARS, WILLIAM O. 16923 N.W. 57TH AVENUE MIAMI FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WILSON, GAILE 16923 N.W. 57TH AVE. MIAMI FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HOSTICK, DOROTHY 16923 N.W. 57TH AVENUE MIAMI FL <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	HERMAN T. ANDERSON 16923 N.W. 57TH AVE MIAMI FL 33055 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTR JOHNSON, ROSE R 16923 N.W. 57TH AVE. MIAMI FL <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTRV COPPER, JOSLYN 16923 N.W. 57TH AVE. MIAMI FL <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	33055

14. I 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 an attachment with an address with all other like empowered.

SIGNATURE: [Signature] DATE: 3-1-99 DAYTIME PHONE: 305-624-5200

CR2E037 (11/98)