

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50855

FILED  
May 01, 2009  
Secretary of State

**Entity Name:** JESUS OF NAZARETH HOLINESS CHURCH, FOR ALL NATIONS, INC.

**Current Principal Place of Business:**

16923 NORTHWEST 57TH AVENUE  
MIAMI, FL

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 65-0395501      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

KNOX, GEORGE F.  
150 S.E. 2ND AVE  
STE. 900  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PM ( ) Delete  
Name: MEARS, EARTHALEEN G.  
Address: 16923 N.W. 57TH AVENUE  
City-St-Zip: MIAMI, FL 33055

Title: TD ( ) Delete  
Name: MEARS, WILLIAM O.  
Address: 16923 N.W. 57TH AVENUE  
City-St-Zip: MIAMI, FL 33055

Title: DS ( ) Delete  
Name: MCCREA, LALITA  
Address: 16923 N.W. 57TH AVE.  
City-St-Zip: MIAMI, FL 33055

Title: DT ( ) Delete  
Name: ANDERSON, HERMAN T  
Address: 16923 N.W. 57TH AVENUE  
City-St-Zip: MIAMI, FL 33055

Title: DT ( ) Delete  
Name: ANGLIN, BETTY J  
Address: 16923 N.W. 57TH AVE.  
City-St-Zip: MIAMI, FL 33055

Title: VDT ( ) Delete  
Name: COPPER, JOSLYN  
Address: 16923 N.W. 57TH AVE.  
City-St-Zip: MIAMI, FL 33055

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DS (X) Change ( ) Addition  
Name: MCCREA, LALETA  
Address: 16923 N.W. 57TH AVE.  
City-St-Zip: MIAMI, FL 33055

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EARTHALEEN G. MEARS

PM

05/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date