

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION  
 ANNUAL REPORT  
 1996



FLORIDA DEPARTMENT OF STATE  
 B. Morth  
 DIVISION OF CORPORATIONS

**96 AR**

FILED  
 96 DEC -2 AM 11:06

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **N92000000962 (2)**

1. Corporation Name  
**JERUSALEM CHURCH OF GOD, INC.**



Principal Place of Business  
**134 N FLAGLER ST  
 POMPANO BEACH FL**

Mailing Address  
**134 N FLAGLER ST  
 POMPANO BEACH FL**

3. Date Incorporated or Qualified **12/28/1992**      3a. Date of Last Report **06/18/1995**

2. Principal Place of Business  
**21**      2a. Mailing Address  
**26**

4. FEI Number  
**NOT APPLICABLE**      Applied For  
 Not Applicable

Suite, Apt. #, etc.      Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

City & State      City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

Zip      Country      Zip      Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ST FORT, JONAS REV  
 7060 NW 24TH ST  
 SUNRISE FL 33313**

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition

TITLE **PD**  DELETE  
 NAME **ST. FORT, JONAS**  
 STREET ADDRESS **7060 NW 24TH ST.**  
 CITY-ST-ZIP **SUNRISE FL 33313**

1.1 TITLE **PD**  Change  Addition  
 1.2 NAME **ST. FORT, JONAS**  
 1.3 STREET ADDRESS **7060 NW 24TH ST.**  
 1.4 CITY-ST-ZIP **SUNRISE FL 33313**

TITLE **VD**  DELETE  
 NAME **ST. FORT, AMONCIER**  
 STREET ADDRESS **330 SW 20 AVE.**  
 CITY-ST-ZIP **FT. LAUDERDALE FL 33312**

2.1 TITLE **VD**  Change  Addition  
 2.2 NAME **ST. FORT, AMONCIER**  
 2.3 STREET ADDRESS **330 SW 20 AVE**  
 2.4 CITY-ST-ZIP **FT. LAUDERDALE FL 33312**

TITLE **SD**  DELETE  
 NAME **DESIRE, EVELINE**  
 STREET ADDRESS **330 SW 20 AVE.**  
 CITY-ST-ZIP **FT. LAUDERDALE FL 33312**

3.1 TITLE **SD**  Change  Addition  
 3.2 NAME **DESIRE, EVELINE**  
 3.3 STREET ADDRESS **330 SW 20 AVE**  
 3.4 CITY-ST-ZIP **FT. LAUDERDALE FL 33312**

TITLE **T**  DELETE  
 NAME **FAUSTN, JOSEPH**  
 STREET ADDRESS **951 NE 3 AVE.**  
 CITY-ST-ZIP **POMPANO FL 33060**

4.1 TITLE **T**  Change  Addition  
 4.2 NAME **FAUSTIN, JOSEPH**  
 4.3 STREET ADDRESS **951 ne 3 ave**  
 4.4 CITY-ST-ZIP **pompanafl33060**

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME **500002021675--5**  
 5.3 STREET ADDRESS **-12/06/96--01014--010**  
 5.4 CITY-ST-ZIP **\*\*\*\*\*61.25 \*\*\*\*\*61.25**

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

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: **ST. FORT, JONAS** **REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/15/96

Date

Daytime Phone #

CR2E037 (3/96)