

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**APPROVED
AND
FILED**

97 NOV 13 PM 2:23

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N92000000962 (2)

1. Corporation Name
JERUSALEM CHURCH OF GOD, INC.



REINSTATEMENT 99
DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| Principal Place of Business 134 N FLAGLER ST POMPANO BEACH FL | Mailing Address 134 N FLAGLER ST POMPANO BEACH FL |
|---|---|

| | |
|---|---|
| 2. Principal Place of Business 21 134 N Flagler St Suite, Apt. #, etc. | 2a. Mailing Address 26 7060 NW 24th St Suite, Apt. #, etc. |
| 22 Pompano City & State | 27 Sunrise City & State |
| 23 33060 Zip | 28 33313 Zip |
| 24 Broward Country | 30 Broward Country |

| | |
|--|--|
| 3. Date Incorporated or Qualified 12/28/1992 | 3a. Date of Last Report 12/02/1996 |
| 4. FEI Number NOT APPLICABLE | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name Rev Jonas St Fort |
| 82 Street Address (P.O. Box Number is Not Acceptable) 7060 NW 24th St |
| 83 Sunrise |
| 84 City North Lauderdale FL |
| 85 Zip Code 33313 |

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 **Rev Jonas St Fort** DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|---|---|--|
| TITLE PD | NAME ST. FORT, JONAS | <input type="checkbox"/> DELETE |
| STREET ADDRESS 7060 NW 24TH ST. | CITY-ST-ZIP SUNRISE FL 33313 | |
| TITLE VD | NAME ST. FORT, AMONCIER | <input type="checkbox"/> DELETE |
| STREET ADDRESS 330 SW 20 AVE. | CITY-ST-ZIP FT. LAUDERDALE FL 33312 | |
| TITLE SD | NAME DESIRE, EVELINE | <input checked="" type="checkbox"/> DELETE |
| STREET ADDRESS 330 SW 20 AVE. | CITY-ST-ZIP FT. LAUDERDALE FL 33312 | |
| TITLE T | NAME FAUSTIN, JOSEPH | <input type="checkbox"/> DELETE |
| STREET ADDRESS 951 NE 3 AVE. | CITY-ST-ZIP POMPANO FL 33060 | |
| TITLE | NAME | <input type="checkbox"/> DELETE |
| STREET ADDRESS | CITY-ST-ZIP | |
| TITLE | NAME | <input type="checkbox"/> DELETE |
| STREET ADDRESS | CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--|--|
| 1.1 TITLE Alouse Dostaly | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME 1121 SW 8th Ave | |
| 1.3 STREET ADDRESS Deerfield Florida 33441 | |
| 1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE | |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME DR M/184 | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 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 _____ SIGNATURE REQUIRED _____

CR2E037 (4/97)