

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000000643 (7)

1. Corporation Name

EVERLASTING GOSPEL OF NEW JERUSALEM INC.

Principal Place of Business

Mailing Address

4297 N.W. 167 STREET
MIAMI FL 33055
US

20464 NW 43RD PL
MIAMI FL 33055



3. Date Incorporated or Qualified

02/16/1993

3a. Date of Last Report

01/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

APPLIED FOR 65-0433521

☒ Applied For

☐ Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TAYLOR, MICHAEL
14837 NW 7TH AVE
MIAMI FL 33168

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PDO ☐ DELETE
NAME HILL, RALPH B
STREET ADDRESS 20464 NW 43RD PLACE
CITY- ST- ZIP MIAMI FL

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP ZIP code 33055

TITLE VPDO ☐ DELETE
NAME HILL, FRANCES W
STREET ADDRESS 20464 NW 43RD PLACE
CITY- ST- ZIP MIAMI FL

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP ZIP code 33055

TITLE ST ☐ DELETE
NAME HILL, RALPH B
STREET ADDRESS 20464 NW 43 PLACE
CITY- ST- ZIP MIAMI FL

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP ZIP code 33055

TITLE VSTO ☐ DELETE
NAME JOHNSON, MAEOLA
STREET ADDRESS 19730 NW 40 COURT
CITY- ST- ZIP MIAMI FL

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP ZIP CODE 33055

TITLE O ☒ DELETE
NAME FORBES, DANIEL
STREET ADDRESS 3911 NW 165 STREET
CITY- ST- ZIP MIAMI FL

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME DO SANDRA KING
5.3 STREET ADDRESS 19800 NW 33 AVE
5.4 CITY- ST- ZIP MIAMI, FLORIDA 33055

TITLE D ☒ DELETE
NAME FORBES, LINDA
STREET ADDRESS 3911 NW 165
CITY- ST- ZIP MIAMI FL

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME DO SANDRA Washington
6.3 STREET ADDRESS 1941 NW 187 Terr
6.4 CITY- ST- ZIP MIAMI, FLORIDA 33056

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-96

Date

305-624-4777

Daytime Phone #

CR2E037 (12/95)