

FILE NOW: FILING FEE IS \$61.25

FILED
Jul 22 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N95000000250 (9)**

1. Corporation Name

**NEW JERUSALEM FELLOWSHIP HOLINESS CHURCH OF GOD,
INC.**



| | |
|---|---|
| Principal Place of Business 348 N.W. 3RD COURT DEERFIELD FL 33346 | Mailing Address 348 N.W. 3RD COURT DEERFIELD FL 33346 |
|---|---|

3. Date Incorporated or Qualified
01/18/1995

4. FEI Number
NOT APPLICABLE

Applied For

Not Applicable

| | |
|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
|---|--|

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

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

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

| | |
|---|--|
| 9. Name and Address of Current Registered Agent TAYLOR, LILLIAN W 348 N.W. 3RD COURT DEERFIELD FL 33346 | |
|---|--|

| | |
|---|-----------------------|
| 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 |

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 | | | |
|----------------------------|---------------------------|---------------------------------|--|
| TITLE | D | <input type="checkbox"/> DELETE | |
| NAME | TAYLOR, LILLIAN W | | |
| STREET ADDRESS | 348 N.W. 3RD COURT | | |
| CITY-ST-ZIP | DEERFIELD FL 33346 | | |
| TITLE | D | <input type="checkbox"/> DELETE | |
| NAME | BROWN, CHARLES | | |
| STREET ADDRESS | 111 SW 7 CT | | |
| CITY-ST-ZIP | DELRAY FL | | |
| TITLE | D | <input type="checkbox"/> DELETE | |
| NAME | TAYLOR, LOUIS | | |
| STREET ADDRESS | 348 N.W. 3RD COURT | | |
| CITY-ST-ZIP | DEERFIELD FL 33346 | | |
| TITLE | D | <input type="checkbox"/> DELETE | |
| NAME | WILLIAMS, JAMES | | |
| STREET ADDRESS | 348 NW 3RD CT | | |
| CITY-ST-ZIP | DEERFIELD FL | | |
| TITLE | D | <input type="checkbox"/> DELETE | |
| NAME | WILLIAMS, JERMEDIA | | |
| STREET ADDRESS | 348 NW 3RD CT | | |
| CITY-ST-ZIP | DEERFIELD FL | | |
| TITLE | D | <input type="checkbox"/> DELETE | |
| NAME | BROWN, MICHELLE | | |
| STREET ADDRESS | 1111 SW 7 CT | | |
| CITY-ST-ZIP | DELRAY FL | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 | |
| 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 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 *Sandra B. Mortham*

1-15-98

CR2E037 (1097)