


051044-90081-006-61.25-61.25

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90081 006 ****61.25

08-03-1999 90002 011 *****8.75

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000000250

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/18/1995	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		NOT APPLICABLE	
24 Country		30 Country		5. Certificate of Status Desired	
				<input checked="" type="checkbox"/> \$8.75. Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
TAYLOR, LILLIAN W 348 N.W. 3RD COURT DEERFIELD FL 33346				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	D <input type="checkbox"/> DELETE	1.1 TITLE	(D) Taylor, Lillian W. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, LILLIAN W	1.2 NAME	348 N.W. 3RD COURT
STREET ADDRESS	348 N.W. 3RD COURT	1.3 STREET ADDRESS	Deerfield Beach, FL 33346
CITY-ST-ZIP	DEERFIELD FL 33346	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	(D) White, Ben <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, CHARLES	2.2 NAME	806 N.W. 2nd Street
STREET ADDRESS	111 SW 7 CT	2.3 STREET ADDRESS	DANIA, FL
CITY-ST-ZIP	DELRAY FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	(D) Taylor, Louis <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, LOUIS	3.2 NAME	348 N.W. 3rd COURT
STREET ADDRESS	348 N.W. 3RD COURT	3.3 STREET ADDRESS	Deerfield Beach, FL 33346
CITY-ST-ZIP	DEERFIELD FL 33346	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	(D) Williams, James <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, JAMES	4.2 NAME	348 N.W. 3rd CT
STREET ADDRESS	348 NW 3RD CT	4.3 STREET ADDRESS	Deerfield Beach, FL 33346
CITY-ST-ZIP	DEERFIELD FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	(D) Williams Jermekia <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, JERMEKIA	5.2 NAME	348 NW 3rd CT
STREET ADDRESS	348 NW 3RD CT	5.3 STREET ADDRESS	Deerfield, FL 33346
CITY-ST-ZIP	DEERFIELD FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	(D) McSweeney, Osie Lee <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, MICHELLE	6.2 NAME	806 N.W. 2nd ST.
STREET ADDRESS	1111 SW 7 CT	6.3 STREET ADDRESS	DANIA, FL
CITY-ST-ZIP	DELRAY FL	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, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
 July 6, 1999 (954) 427-6912
 Daytime Phone

CR2E037 (5/99)