


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2004 8:00 am
Secretary of State

06-21-2004 90004 027 ****61.25

| | | | |
|---|--|--|--|
| DOCUMENT # N95000000250 1. Entity Name NEW JERUSALEM FELLOWSHIP HOLINESS CHURCH OF GOD, INC. | |  | |
| Principal Place of Business 348 N.W. 3RD COURT ATTN: LILLIAN W FOWLER DEERFIELD, FL 33346 | | Mailing Address 348 N.W. 3RD COURT ATTN: LILLIAN W FOWLER DEERFIELD, FL 33346 | |
| 2. Principal Place of Business Deerfield Bch FLA | | 3. Mailing Address 348 N.W 3rd Ct | |
| Suite, Apt. #, etc. 8 | | Suite, Apt. #, etc. | |
| City & State Deerfield Bch | | City & State FLA | |
| Zip 33441 | | Country Broward | |
| 6. Name and Address of Current Registered Agent TAYLOR, LILLIAN W 348 N.W. 3RD COURT DEERFIELD, FL 33346 | | 7. Name and Address of New Registered Agent Name: SAME Street Address (P.O. Box Number is Not Acceptable) City: FL Zip Code: | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| Filing Fee is \$61.25 Due by September 8, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | |
| \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE: Past NAME: D TAYLOR, LILLIAN W STREET ADDRESS: 348 N.W. 3RD COURT CITY-ST-ZIP: DEERFIELD, FL 33346 <i>Overseer & Pastor</i> | | TITLE: <input type="checkbox"/> Delete NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE: Minist NAME: D WHITE, BENJAMIN JR STREET ADDRESS: 235 SW 7 AVE. CITY-ST-ZIP: SOUTH BAY, FL 33493 <i>235 SW 7 Ave South Bay FL 33493</i> | | TITLE: <input type="checkbox"/> Delete NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE: Dec NAME: D TAYLOR, LOUIS STREET ADDRESS: 348 N.W. 3RD COURT CITY-ST-ZIP: DEERFIELD, FL 33346 <i>Louis Taylor Deacon</i> | | TITLE: <input type="checkbox"/> Delete NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE: Edag NAME: D WILLIAMS, LULA E STREET ADDRESS: 1970 N.W. 5 AVE. CITY-ST-ZIP: POMPANO BEACH, FL 33060 <i>1970 N.W. 5 Ave Pompano Bch FL</i> | | TITLE: <input type="checkbox"/> Delete NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE: Dec NAME: D WILLIAMS, CLARANCE STREET ADDRESS: 2810 NE 11 AVE CITY-ST-ZIP: POMPANO BEACH, FL 33064 <i>2810 NE 11 Ave Pompano Bch FL</i> | | TITLE: <input type="checkbox"/> Delete NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE: VSH NAME: D Jermekie Taylor STREET ADDRESS: 348 N.W. 3rd Ct CITY-ST-ZIP: Deerfield Bch FLA | | TITLE: <input type="checkbox"/> Delete NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | |
| SIGNATURE: <i>Lillian W. Taylor</i> 6-14-04 954-427-6918 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | |

54058224



03202003 Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

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

FL Zip Code