FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1006

DIVISION OF CORPORATIONS

DOCUMENT # N9500005336 (1) 1. Corporation Name				-		
new Jef D Inc.	rusalem fellowship Pi	entecostal house o	F GO			
Principal Place o	of Business	Mailing Address		3 18811181 BIB 18181 BIR Gires anstra mante an	JIII 32111 33131 21100 11100	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
3032 NORTH WEST 50TH STREET 3032 NORTH WEST		3032 NORTH WEST 50TH ST	IREET			
MIAMI FL 33142		MIAMI FL 33142				
				3. Date Incorporated or Qualified 11/08/1995	3a. Date of Last	·
2. Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number 65 - 0622561.	├	Applied For
21 1710	N.W.36 Street		Oth St.			Not Applicable Additional
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.		Certificate of Status Desired	T	Required
27 City & State				6. Election Campaign Financing	\$5.0	May Be
Miami, Florida		Miami, Flori	Miami, Florida		Trust Fund Contribution Added to Fees	
Z ip	Country	Zip	Country	8. This corporation has liability for in	ntangible tax under s.	199.032,
24 33142	<u>├-</u>	29 33142-3423	Dade		Yes No	
24 33142	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New R		
			81 Name Bi	Bishop Lonzie W. Hunt		
HUNT, LO	HUNT, LONZIE W			82 Street Address (P.O. Box Number is Not Acceptable) 3 0 3 2 N.W. 5 0 th St		
3032 NORTH WEST 50TH STREET						
MIAMI FL	33142		63			
ı			84 City		85 Z	o Code 3 1 4 2
			84 City Mia	m 1	FL 3	DITE
11.; Pursuant to	o the provisions of Sections 617.050	2 and 617.1508, Florida Statutes.	the above-named corpo by the corporation's hoa	ration submits this statement for the pur ind of directors. I here by accept the appo	pose of changing its pintment as registered	agent. I am
familiar witl	h, and accept the obligations of, Sec	etion 617.0503, Florida Statutes	X		3-19-	9/
l <u>.</u>	Lonzie W. Hun	t Bisnob 🗸 🖊	Radist red signature require		DATE	
	Signature typed or printed name of registered agen	ND DIRECTORS	Yes	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTO	DRS IN 12
12.	D	DELETE	1.1 TITLE		☐ Change	Addition
NAME	HUNT, LONZIE W		1.2 NAME			
STREET ADDRESS	3032 NORTH WEST 50TH ST	REET	1.3 STREET ADDRESS			
	MIAMI FL 33142		1.4 CITY - ST - ZIP			
CITY-ST-ZIP TITLE	D	DELETE	2 1 TITLE		☐ Change	Mddition
NAME	ELLIS, CARL		2.2 NAME			
STREET ADDRESS	6225 N.W. 22 COURT		2 3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33147		2 4 CITY - ST - ZIP			[Addition
TITLE	D	DELETE	3 1 TITLE		☐ Change	Addition
NAME	WILLIAMS, MARY		3 2 NAME			
STREET ADDRESS	6225 N.W. 22 COURT		3 3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33147		3.4 CITY-ST-ZIP		Change	Addition
TITLE	D	□ DELE1E	4 1 TIFLE			
NAME	ELLIS, TANGLIA L		4. 2 NAME	0:500000 1 7: -03/22/0001	50810	
STREET ADDRESS	6225 N.W. 22 COURT		4 3 STREET ADORESS	-03/22/00 01	016002	
CITY-ST-ZIP	MIAMI FL 33147	DELETE	4.4 CITY - ST - ZIP	<u>***70.00</u>	Change	Addition
TITLE	D ANNUALISATION	[_]DECESE	5 1 TITLE			_
NAME	THOAMS, ANNIONETTE		5 2 NAME			
STREET ADDRESS	2525 NW 47 STREET		5 3 STREET ADDRESS			
CITY-S1-ZIP	MIAMI FL 33147	DELETE	5 4 CITY-ST-ZIP 6 1 TITLE		☐ Change	Addition
TITLE	1		O I TILL		=	

62 NAME 63 STREET ADDRESS

6.4 CITY - ST-ZIP

SIGNATURE:

STREET ADDRESS

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 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 certify that I am an officer or director of the corporation or the regiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 18 transpect, or on an attachment with an address. ATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR