


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000005336 (1)**

1. Corporation Name

**NEW JERUSALEM FELLOWSHIP PENTECOSTAL HOUSE OF GOD INC.**



Principal Place of Business	Mailing Address
1710 N.W. 36 STREET MIAMI FL 33142	3032 N.W. 50TH ST. MIAMI FL 33142-3423

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/08/1995</b>		3a. Date of Last Report <b>03/21/1996</b>	
21 <b>2758 NW 50th St</b>		26		4. FEI Number <b>65-0622561</b>		Applied For Not Applicable	
22 Suite, Apt. #, etc. <b>Miami FL</b>		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Zip <b>33142</b>		25 Country <b>USA</b>		29 Zip		30 Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**BISHOP LONZIE W. HUNT**  
3032 NORTH WEST 50TH STREET  
MIAMI FL 33142

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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: Bishop L.W. Hunt [Signature] 04-09-97  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUNT, LONZIE W	1.2 NAME	<b>JOHN D. RHODEN JR</b>
STREET ADDRESS	3032 NORTH WEST 50TH STREET	1.3 STREET ADDRESS	<b>1540 NW 191 ST ST #345</b>
CITY-ST-ZIP	MIAMI FL 33142	1.4 CITY-ST-ZIP	<b>MIAMI FL 33179</b>
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELLIS, CARL	2.2 NAME	<b>MATTIE M Goodman</b>
STREET ADDRESS	6225 N.W. 22 COURT	2.3 STREET ADDRESS	<b>2271 NW 49th St</b>
CITY-ST-ZIP	MIAMI FL 33147	2.4 CITY-ST-ZIP	<b>MIAMI FL 33142</b>
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, MARY	3.2 NAME	<b>IRA B. WALKER</b>
STREET ADDRESS	6225 N.W. 22 COURT	3.3 STREET ADDRESS	<b>5211 NW 5th Ave</b>
CITY-ST-ZIP	MIAMI FL 33147	3.4 CITY-ST-ZIP	<b>MIAMI FL 33127-1933</b>
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIS, TANGLIA L	4.2 NAME	
STREET ADDRESS	6225 N.W. 22 COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33147	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOAMS, ANNIONETTE	5.2 NAME	
STREET ADDRESS	2525 NW 47 STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33147	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: [Signature] Bishop L.W. Hunt 04-09-97 305-633-5376  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0029967

CR2E037 (9/96)