2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#747890

Entity Name: NEW JERUSALEM, U.S.A. INCORPORATED

FILED Apr 29, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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3189 PIONEER ROAD VERNON, FL 32462 US 3900 NEW JERUSALEM ROAD VERNON, FL 32462 US VERNON, FL 32462 US

Current Mailing Address: New Mailing Address:

P. O. BOX 525

VERNON, FL 324627525 US

FEI Number: 59-2069556 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MOORE, A C
RT 2 BOX 59-C
3189 PIONEER ROAD
VERNON, FL 32462 US

MOORE, ARVIN C.
P.O. BOX 525, 3900 NEW JERUSALEM ROAD
VERNON, FL 32462 US

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.

SIGNATURE: ARVIN C. MOORE 04/29/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDT () Delete Title: () Change () Addition Name: MOORE, ARVIN C Name:

Address: 3189 PIONEER ROAD Address:
City-St-Zip: VERNON, FL City-St-Zip:

Title: VD () Delete Title: VD (X) Change () Addition Name: MOORE, ALAN H Name: MOORE, LARRY D

Address: 915 DELAWARE AVE Address: 391 RADEBAUGH COURT
City-St-Zip: LYNN HAVEN, FL 32444 City-St-Zip: LONGWOOD, FL 32750

Title: SD () Delete Title: () Change () Addition

 Name:
 GREEN, PATRICIA I
 Name:

 Address:
 580 FIRST STREET
 Address:

 City-St-Zip:
 CHIPLEY, FL 32428
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARVIN C. MOORE PDT 04/29/2004