

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 15, 2005 8:00 am**  
**Secretary of State**

06-15-2005 90096 025 \*\*\*\*61.25

**DOCUMENT # N00000007919**

1. Entity Name  
 NEW JERUSALEM PLACE OF DELIVERANCE  
 PENTECOSTAL CHURCH INC.



Principal Place of Business  
 708 MARTIN LUTHER KING BLVD  
 POMPANO BEACH, FL 33060


Mailing Address  
 PO BOX 237  
 POMPANO BEACH, FL 33061

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country



04132005 Chg-NP CR2E037 (10/03)

4. FEI Number  
 65-1059964

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

EDWARDS, MARILYN S  
 130 NW 20TH STREET  
 POMPANO BEACH, FL 33060

**7. Name and Address of New Registered Agent**

Name

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: *Marilyn Edwards* DATE: *6/15/05*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	EDWARDS, JOHN W	
STREET ADDRESS	130 NW 20TH ST	
CITY-ST-ZIP	POMPANO BEACH, FL 33060	
TITLE	VP	<input type="checkbox"/> Delete
NAME	EDWARDS, MARILYN S	
STREET ADDRESS	130 NW 20TH ST	
CITY-ST-ZIP	POMPANO BEACH, FL 33060	
TITLE	S	<input type="checkbox"/> Delete
NAME	WILLIAMS, BRENDA	
STREET ADDRESS	2511 SW 6TH LANE	
CITY-ST-ZIP	POMPANO BEACH, FL 33060	
TITLE	D	<input type="checkbox"/> Delete
NAME	MIMS, MARY	
STREET ADDRESS	1525 NW 7TH LANE	
CITY-ST-ZIP	POMPANO BEACH, FL 33060	
TITLE	D	<input type="checkbox"/> Delete
NAME	MIMS, MARY	
STREET ADDRESS	1525 NW 7TH LANE	
CITY-ST-ZIP	POMPANO BEACH, FL 33060	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAWKINS, ROY	
STREET ADDRESS	751 LYONS RD., APT. #18205	
CITY-ST-ZIP	COCONUT CREEK, FL 33063	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Marilyn Edwards* DATE: *6/15/05*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #