

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000007919
 1. Entity Name
**NEW JERUSALEM PLACE OF DELIVERANCE
 PENTECOSTAL CHURCH INC.**



Principal Place of Business Mailing Address
**708 MARTIN LUTHER KING BLVD
 POMPANO BEACH, FL 33060** **PO BOX 237
 POMPANO BEACH, FL 33061**



04052006 No Chg-NP CRZE037 (11/05)

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4. FEI Number Applied For
65-1059964 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**

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

**Filing Fee is \$61.25
 Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

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

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U00000501004
 04/25/06-80044-012 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: John Edwards 4/6/06 954-324-6809
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #