


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 A
Secretary of State

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| DOCUMENT # N00000007919 1. Entity Name NEW JERUSALEM PLACE OF DELIVERANCE PENTECOSTAL CHURCH INC. |  |
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| Principal Place of Business 708 MARTIN LUTHER KING BLVD POMPANO BEACH, FL 33060 | Mailing Address PO BOX 237 POMPANO BEACH, FL 33061 |
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01312007 No Chg-NP CR2E037 (4/06)

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| 4. FEI Number 65-1059964 | Applied For Not Applicable |
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$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: John Edwards DATE: 4/20/07

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, 2007

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

| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P EDWARDS, JOHN W 130 NW 20TH ST POMPANO BEACH, FL 33060 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP EDWARDS, MARILYN S 130 NW 20TH ST POMPANO BEACH, FL 33060 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S WILLIAMS, BRENDA 2511 SW 8TH LANE POMPANO BEACH, FL 33060 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MIMS, MARY 1525 NW 7TH LANE POMPANO BEACH, FL 33060 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MIMS, MARY 1525 NW 7TH LANE POMPANO BEACH, FL 33060 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HAWKINS, ROY 751 LYONS RD., APT. #18205 COCONUT CREEK, FL 33063 |

U00000725219
 05/03/07-80013-015 70.00

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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 Date: 4/20/07 (954) 324-6809

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR