

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91661 001 \*\*\*\*61.25  
04-28-2003 91661 002 \*\*\*\*\*8.75

**DOCUMENT # N02000000557**



1. Entity Name  
**CHURCH OF THE NEW JERUSALEM, INC.**

Principal Place of Business      Mailing Address  
**3300 S.E. FAIRMONT STREET      3300 S.E. FAIRMONT STREET**  
**STUART FL 34997                      STUART FL 34997**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**APPLIED FOR**      Not Applicable

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

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

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

**EXANA, MARC F**  
**3300 S.E. FAIRMONT STREET**  
**STUART FL 34997**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

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**

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>EXANA, MARC F</b>	
STREET ADDRESS	<b>3300 S.E. FAIRMONT STREET</b>	
CITY-ST-ZIP	<b>STUART FL 34997</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BLANC, DELVA</b>	
STREET ADDRESS	<b>5640 S.E. COLINE AVENUE</b>	
CITY-ST-ZIP	<b>STUART FL 34997</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ELIUS, JOHNNY M</b>	
STREET ADDRESS	<b>2745 S.E. GOLDEN GATE AVENUE</b>	
CITY-ST-ZIP	<b>STUART FL 34997</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **SIGNATURE REQUIRED**

3/6/003 722,282. 1075

CR2E037 (10/02)