

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001398

FILED
May 23, 2009
Secretary of State

Entity Name: JERUSALEM WORSHIP CENTER, INC.

Current Principal Place of Business:

98 ORANGE LANE
UMATILLA, FL 32784

New Principal Place of Business:

Current Mailing Address:

38322 JAMESTOWN RD
UMATILLA, FL 32784

New Mailing Address:

FEI Number: 86-6816206 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

OGISTE, GREGORY SR.
30849 VISTA VIEW
MOUNT DORA, FL 32757 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: OGISTE, GREGORY SR.
Address: 30849 VISTA VIEW
City-St-Zip: MOUNT DORA, FL 32757

Title: VP () Delete
Name: OGISTE, ANGELA
Address: 30849 VISTA VIEW
City-St-Zip: MOUNT DORA, FL 32757

Title: D () Delete
Name: BRYANT, EMMA
Address: 17006 MILLS ST
City-St-Zip: UMATILLA, FL 32784

Title: TD () Delete
Name: BRYANT, ROBERT L SR.
Address: 17006 MILLS ST
City-St-Zip: UMATILLA, FL 32784

Title: D () Delete
Name: GREEN, JOHN E SR.
Address: 38651 MARSHALL ST
City-St-Zip: UMATILLA, FL 32784

Title: SD () Delete
Name: SILAS, DERRIS N
Address: 38946 SALLY ST
City-St-Zip: UMATILLA, FL 32784

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: GREGORY OGISTE, SR.

PD

05/23/2009

Electronic Signature of Signing Officer or Director

Date