

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002916

1. Entity Name

THE NEW JERUSALEM PRAYER MINISTRY, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90021 001 ****61.25
 03-31-2000 90021 002 ****8.75

Principal Place of Business

Mailing Address

6025 N.W. 6TH COURT
 MIAMI FL 33127

6025 N.W. 6TH COURT
 MIAMI FL 33127-1146

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0838735

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERNARD, ANTHONY
 16201 SW 95 AVENUE, SUITE 109
 MIAMI FL 33157

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	THOMPSON, EUGENE II	
STREET ADDRESS	6033 N.W. 6TH COURT	
CITY-ST-ZIP	MIAMI FL 33127	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	CLAYTON, RUDOLPH	
STREET ADDRESS	13851 SW 282ND STREET	
CITY-ST-ZIP	HOMESTEAD FL 33033	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BROOKS, DENISE	
STREET ADDRESS	5421 S.W. 22ND STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE	TD	<input type="checkbox"/> Delete
NAME	THOMPSON, ROSALIE	
STREET ADDRESS	6033 N.W. 6TH COURT	
CITY-ST-ZIP	MIAMI FL 33127	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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)(l), 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: *Eugene Thompson Jr II* EUGENE THOMPSON JR II 3/27/00 (305) 756-1733
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)