

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000006800

**Entity Name:** SAINT NEW JERUSALEM INC

**Current Principal Place of Business:**

8865 1 AVENUE  
JACKSONVILLE, FL 32208

**Current Mailing Address:**

P.O. BOX 2607  
JACKSONVILLE, FL 32203 US

**FEI Number:** 84-3495458

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SHUBERT , ARCHIE  
8865 1 AVENUE  
JACKSONVILLE, FL 32208 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:** ARCHIE SHUBERT

03/28/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name SHUBERT, ARCHIE  
Address 8865 1 AVENUE  
City-State-Zip: JACKSONVILLE FL 32208

Title P/D  
Name ALLEN, TIM  
Address 8865 1 AVENUE  
City-State-Zip: JACKSONVILLE FL 32208

Title VP/D  
Name RIVERS, EDWARD  
Address 8865 1 AVENUE  
City-State-Zip: JACKSONVILLE FL 32208

Title T/D  
Name KIERCE, COREY  
Address 8865 1 AVENUE  
City-State-Zip: JACKSONVILLE FL 32208

Title S/D  
Name WILLIAMS, RICK  
Address 8865 1 AVENUE  
City-State-Zip: JACKSONVILLE FL 32208

*I hereby 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 all other like empowered.*

**SIGNATURE:** TIM ALLEN

PRESIDENT

03/28/2024

Electronic Signature of Signing Officer/Director Detail

Date