

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000001398

**Entity Name:** JERUSALEM WORSHIP CENTER, INC.**Current Principal Place of Business:**98 ORANGE LANE  
UMATILLA, FL 32784**Current Mailing Address:**38322 JAMESTOWN RD  
UMATILLA, FL 32784 US**FEI Number:** 86-6816206**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**OGISTE, GREGORY SR.  
8805 BRIDGEPORT BAY CIRCLE  
MT. 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:** GREGORY OGISTE

05/26/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                            |
|-----------------|----------------------------|
| Title           | PD                         |
| Name            | OGISTE, GREGORY SR. PD     |
| Address         | 8805 BRIDGEPORT BAY CIRCLE |
| City-State-Zip: | MT. DORA FL 32757          |

|                 |                            |
|-----------------|----------------------------|
| Title           | VP                         |
| Name            | OGISTE, ANGELA VP          |
| Address         | 8805 BRIDGEPORT BAY CIRCLE |
| City-State-Zip: | MT. DORA FL 32757          |

|                 |                     |
|-----------------|---------------------|
| Title           | TD                  |
| Name            | VINES, JARVIN D. TD |
| Address         | 239 RAMBLING CIRCLE |
| City-State-Zip: | APOPKA FL 32712     |

|                 |                      |
|-----------------|----------------------|
| Title           | TD                   |
| Name            | ROBERT, RAGIN SR. TD |
| Address         | 17023 HWY 450A       |
| City-State-Zip: | UMATILLA FL 32784    |

*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:** GREGORY OGISTE

PD

05/26/2023

Electronic Signature of Signing Officer/Director Detail

Date