

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000002916

**FILED  
Jul 02, 2015  
Secretary of State  
CC0935454185**

**Entity Name:** THE NEW JERUSALEM LEARNING CENTERS INTERNATIONAL, INC.

**Current Principal Place of Business:**

2740 SOMERSET DRIVE  
U309  
LAUDERDALE LAKES, FL 33311

**Current Mailing Address:**

PO BOX 590596  
TAMARAC, FL 33359 US

**FEI Number: 65-0838735**

**Certificate of Status Desired: No**

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

THOMPSON, MARY P  
2740 SOMERSET DRIVE  
U-309  
LAUDERDALE LAKES, FL 33311 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

**Officer/Director Detail :**

Title            VICE, VP, TREASURER  
Name            THOMPSON, EUGENE JR  
Address        2740 SOMERSET DRIVE  
                  U-309  
City-State-Zip: LAUDERDALE LAKES FL 33311

Title            PRESIDENT  
Name            THOMPSON, MARY P  
Address        2740 SOMERSET DRIVE  
                  U-309  
City-State-Zip: LAUDERDALE LAKES FL 33311

Title            SECRETARY  
Name            ROGERS, JOAN LINTON  
Address        2431 DEWEY STREET  
City-State-Zip: HOLLYWOOD FL 33020

Title            CORRESPONDING SECRETARY  
Name            ELISTON, TONYA R  
Address        2740 SOMERSET DRIVE  
                  U309  
City-State-Zip: LAUDERDALE LAKES FL 33311

*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: MARY P THOMPSON**

**PRESIDENT**

**07/02/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date