


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 704997</b> 1. Entity Name <b>NEW JERUSALEM IN ITS POWER, INC.</b>	
---	---

Principal Place of Business <b>1452 N.W. 58TH TERRACE MIAMI FL 33142-2516</b>	Mailing Address <b>JANIE DAVIS 1176 N.W. 58 TERR. MIAMI FL 33127</b>
--	---



MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt #, etc
City & State	City & State
Zip	Country
	Country

4. FEI Number <b>59-6151960</b>	Applied For
	Not Applicable

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Name and Address of Current Registered Agent <b>DAVIS, JANIE 1176 N.W. 58TH TERRACE MIAMI FL 33127</b>
7. Name and Address of New Registered Agent	
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
--	---	--

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PDT DAVIS, JANIE B. <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000000045680 02/11/04-80072-014 70.00	
NAME	1176 N.W. 58TH TERRACE		NAME		
STREET ADDRESS	MIAMI FL		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D STONE, BERTHA <input type="checkbox"/> Delete		TITLE		
NAME	5610 NW 23 AVE		NAME		
STREET ADDRESS	MIAMI FL 33142		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D WILLIAMS, IZOLA <input type="checkbox"/> Delete		TITLE		
NAME	15341 N.W. 28TH COURT		NAME		
STREET ADDRESS	MIAMI FL		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	S WILLIAMS, JOYCE A <input type="checkbox"/> Delete		TITLE		
NAME	1175 N.W. 108 ST.		NAME		
STREET ADDRESS	MIAMI FL 33168		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D HARRIS, ANNIE L <input type="checkbox"/> Delete		TITLE		
NAME	3511 N.W. 177TH TERR		NAME		
STREET ADDRESS	MAIMI FL		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(f), 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: *Janie Davis* **JANIE DAVIS** 02-02-04 / 305-757-3655