

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

000681

**DOCUMENT # 746404**

1. Entity Name

**NEW JERUSALEM HOLINESS CHURCH IN CHRIST, INC.**

04-10-2002 90663 039 \*\*\*\*61.25

Principal Place of Business

**1964 ELLA ST  
 JACKSONVILLE FL 32209  
 US**

Mailing Address

**1538 W 19TH ST.  
 JACKSONVILLE FL 32209-4867  
 US**

**80063911**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**05-0173002**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ELLEX, ELLA MAE  
 1538 WEST 19TH STREET  
 JACKSONVILLE FL 32209**

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: *ELLA MAE ELLEX* *ELLA MAE ELLEX* *April 5/2002*  
 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	<b>VO</b>	<input type="checkbox"/> Delete
NAME	<b>PASCHAL, LENNARD M</b>	
STREET ADDRESS	<b>2005 FIRESTONE RD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32210</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>PASCHAL, CLAUDETTA</b>	
STREET ADDRESS	<b>2005 FIRESTONE RD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32210</b>	
TITLE	<b>MD</b>	<input type="checkbox"/> Delete
NAME	<b>COOPER, GENORAL</b>	
STREET ADDRESS	<b>2473 BRENTWOOD AVE.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>CONEY, PETER</b>	
STREET ADDRESS	<b>412 KINGS ST</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(i), 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: *ELLA MAE ELLEX* *ELLA MAE ELLEX* *April 5/2002*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)