


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2007 08:00 AM
Secretary of State

DOCUMENT # 746404	
1. Entity Name NEW JERUSALEM HOLINESS CHURCH IN CHRIST, INC.	

Principal Place of Business 1964 ELLA ST JACKSONVILLE, FL 32209 US	Mailing Address 1538 W 19TH ST. JACKSONVILLE, FL 32209-4867 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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07132007 Chg-NP CR2E037 (12/06)

4. FEI Number 05-0173002	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
ELLEX, ELLA MAE 1538 WEST 19TH STREET JACKSONVILLE, FL 32209	

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	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASCHAL, LENNARD M	NAME	
STREET ADDRESS	2005 FIRESTONE RD	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32210	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASCHAL, CLAUDETTA	NAME	
STREET ADDRESS	2005 FIRESTONE RD	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32210	CITY-ST-ZIP	
TITLE	MD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, GENORAL	NAME	
STREET ADDRESS	2473 BRENTWOOD AVE.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL	CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONEY, PETER	NAME	
STREET ADDRESS	412 KINGS ST	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURHAM, GRACIE	NAME	
STREET ADDRESS	13488 PRINCESS KELLY DR	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURHAM, EDWARD GRACE	NAME	
STREET ADDRESS	13485 PRINCESS KELLY DR.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.
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SIGNATURE: <i>Ella Mae Ellex</i>	8-15-07	335311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #