


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 746404</b> 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
--	--

**DO NOT WRITE IN THIS SPACE**



03272008 No Chg-NP CR2E037 (4/06)

4. FEI Number 05-0173002	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
ELLEX, ELLA MAE  
1538 WEST 19TH STREET  
JACKSONVILLE, FL 32209

**DO NOT WRITE IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11000000883932

04/17/08-80023-017 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PASCHAL, LENNARD M 2005 FIRESTONE RD JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PASCHAL, CLAUDETTA 2005 FIRESTONE RD JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD COOPER, GENORAL 2473 BRENTWOOD AVE. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CONEY, PETER 412 KINGS ST JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DURHAM, GRACIE 13488 PRINCESS KELLY DR JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DURHAM, EDWARD GRACE 13485 PRINCESS KELLY DR. JACKSONVILLE, FL 32225

**DO NOT WRITE IN THIS SPACE**

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.

SIGNATURE: ELLA MAE ELLEX ELLA MAE ELLEX  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #