FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **747890** **(2)**

1. Corporation Name
NEW JERUSALEM, U.S.A. INCORPORATED

Principal Place of Business	Mailing Address
RT. 4 BOX 197-C-50 CHIPLEY FL 32428 US	P. O. BOX 525 VERNON FL 32462-7525 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/29/1979
3a. Date of Last Report: 02/10/1994
4. FEI Number: 59-2069556 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 3189 Pioneer Road
Suite, Apt. #, etc.
22
City & State
23 Vernon, Fl
Zip 24 32462 Country 25 USA

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

MOORE, A C
RT 2 BOX 59-C
VERNON FL 32462

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 3189 Pioneer Road
84 City Vernon FL 85 Zip Code 32462

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDT	1.1 TITLE		☒ Change ☐ Addition
NAME	MOORE, ARVIN C	1.2 NAME		
STREET ADDRESS	RT. 1 BOX 59-C	1.3 STREET ADDRESS	3189 Pioneer Road	
CITY-ST-ZIP	VERNON FL 32462	1.4 CITY-ST-ZIP	Vernon, Fl 32462	
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	HODGES, DONALD E	2.2 NAME		
STREET ADDRESS	4595 CHURCH ST.	2.3 STREET ADDRESS		
CITY-ST-ZIP	NICEVILLE FL 32578	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	BENFFIELD, HERSCHEL	3.2 NAME	Alvin Wayne Watkins	
STREET ADDRESS	RT. I BOX 144-D	3.3 STREET ADDRESS	2802 Paradise Lakes Road	
CITY-ST-ZIP	JACK AL 36346	3.4 CITY-ST-ZIP	Chipley, Fl 32428	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Arvin C. Moore Arvin C. Moore, April 20, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #