

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 05, 2007 08:00 A
Secretary of State

DOCUMENT # 747890

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



Principal Place of Business
3900 NEW JERUSALEM ROAD
VERNON, FL 32462 US

Mailing Address
P. O. BOX 838
LYNN HAVEN, FL 32444 US



08042007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2069556

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

MOORE, ARVIN C
3189 PIONEER ROAD
VERNON, FL 32462

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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 \$81.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000773203

09/05/07 09081 023 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PDT
MOORE, ARVIN C
3189 PIONEER ROAD
VERNON, FL 32462

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
MOORE, ALAN H
915 DELAWARE AVE
LYNN HAVEN, FL 32444

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
MOORE, ALICE H
3189 PIONEER ROAD
VERNON, FL 32462

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #