

FILED

Jul 19, 2001 8:00 am
Secretary of State

05-15-2001 90146 050 ****70.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002391

1. Entity Name

NEW JERUSALEM CHRISTIANSHIP MINISTRIES, INC.

Principal Place of Business

901 N. DIXIE HWY., #1
LAKE WORTH FL 33460

Mailing Address

901 N. DIXIE HWY., #1
LAKE WORTH FL 33460

2. Principal Place of Business

901 N Dixie Hwy #1
Suite, Apt. #, etc.

3. Mailing Address

Same
Suite, Apt. #, etc.

City & State

Lake Worth FL

City & State

4. FEI Number

65-1006978

Applied For

Not Applicable

Zip

33460

Country

West P. bch

Zip

Country

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JANVIER, ARCHILLE
901 N. DIXIE HWY., #1
LAKE WORTH FL 33460

7. Name and Address of New Registered Agent

Name Bishop Archille Janvier
Street Address (P.O. Box Number is Not Acceptable)

334 SW 7 AVE

City Boynton bch

FL

Zip Code

33435

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

Signature of person named in current registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04-27-01

DATE

FILE NOW:
FEE IS \$61.258. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	JANVIER, ARCHILLE	
STREET ADDRESS	6255 SPINDRIFT COURT	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	T	<input type="checkbox"/> Delete
NAME	PACIUS, JOSEPH J	
STREET ADDRESS	582 ALTO ROAD	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DANIEL DOUCHARD	
STREET ADDRESS	5838 ITHACA CIRCLE	
CITY-ST-ZIP	WEST LANTANA FL 33462	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	President	
STREET ADDRESS	Archille Janvier	
CITY-ST-ZIP	334 SW 7 AVE Boynton FL 33435	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vice President	
STREET ADDRESS	Ernest Germain	
CITY-ST-ZIP	206 SE 2nd Street	
	Delray bch FL 33444	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pacius Joseph Jean	
STREET ADDRESS	6255 Spindrift Court	
CITY-ST-ZIP	Lake Worth FL 33463	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S: Rosemond Telisa	
STREET ADDRESS	334 SW 7 AVE	
CITY-ST-ZIP	Boynton bch FL 33435	
TITLE	C: Daniel Douchard	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5838 Ithaca Circle	
CITY-ST-ZIP	West Lantana FL 33462	
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:

SIGNATURE AND TYPE OF POSITION OF SIGNING OFFICER OR DIRECTOR

04-27-01 = 752-1845

Date

Daytime Phone #

CR2E037 (10/00)