2002 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 25, 2002 8:00 am Secretary of State DOCUMENT # N0000004701 03-25-2002 90111 022 ****61.25 THE NEW JERUSALEM FELLOWSHIP OF HOLINESS CENTER. INC. Principal Place of Business Mailing Address 6025 NW 6TH COURT 6025 NW 6TH COURT MIAMI FL 33127 MIAMI FL 33127 2. Principal Place of Business, Mailing Aphress P. O. BOX 472673 Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For IAMI IMM I F2 65-1025671 Not Applicable Country Country USA \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) THOMPSON, MARY 6033 NW 6TH COURT **MIAMI FL 33127** City Zio 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Change ☐ Addition (9/01 NAME THOMPSON, EUGENE II NAME STREET ADDRESS 6033 NW 6TH COURT STREET ADDRESS CITY-ST-ZIP MIAMI FL 33127 CITY-ST-ZIP Rogers, Lee 24th Avenue 610 North 24th Avenue SD TITLE ☐ Delete TITLE Change ☐ Addition ROGERS, LEE NAME NAME STREET ADDRESS 2310 PIERCE STREET STREET ADDRESS JFL 33020 CITY-ST-7IF HOLLYWOOD FL 33020 C!TY-ST-ZIP TITLE TD ☐ Delete TITLE ☐ Change ☐ Addition NAME THOMPSON, ROSALIE ... NAME STREET ADDRESS 6033 NW 6TH COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33127 TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

STREET ADDRESS

CITY-\$T-ZIP

☐ Change

☐ Addition

TITLE

NAME

☐ Delete

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

ELIGENE THOMPSON TRA 3/15/02 305 756/733