

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90549 020 ****61.25

DOCUMENT # N00000004701 1. Entity Name THE NEW JERUSALEM FELLOWSHIP OF HOLINESS CENTER, INC.					
Principal Place of Business 6033 NW 6TH CT MIAMI, FL 33127				Mailing Address PO BOX 472673 MIAMI, FL 33247	
2. Principal Place of Business 6031 NW 6th COURT Suite, Apt. #, etc.				3. Mailing Address P.O. Box 472673 Suite, Apt. #, etc.	
City & State MIAMI FLORIDA Zip 33127 Country USA				City & State MIAMI FLORIDA Zip 33247 Country USA	
4. FEI Number 65-1025671				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THOMPSON, MARY 6033 NW 6TH COURT MIAMI, FL 33127				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMPSON, EUGENE PASTOR 943 NW 65TH STREET MIAMI, FL 33150	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, LEE 610 NORTH 24TH AVENUE HOLLYWOOD, FL 33020	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD THOMPSON, ROSALIE 6033 NW 6TH COURT MIAMI, FL 33127	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BROWN, THELMA 920 NW 44TH STREET MIAMI, FL 33127	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THOMPSON, MARY PASTOR 943 NW 65TH STREET MIAMI, FL 33150	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMITH, TONYA 2701 NW 13TH COURT FORT LAUDERDALE, FL 33311	<input type="checkbox"/> Delete			
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: <i>Eugene Thompson</i> Eugene Thompson 4/29/05 (305) 756-1733 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		