

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2003 8:00 am
Secretary of State

09-02-2003 90188 031 ****61.25

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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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1025671**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THOMPSON, MARY
6033 NW 6TH COURT
MIAMI FL 33127**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 **PD** ☐ Delete
NAME **THOMPSON, EUGENE II**
STREET ADDRESS **6033 NW 6TH COURT**
CITY-ST-ZIP **MIAMI FL 33127**

TITLE **VPD** ☒ Change ☐ Addition
NAME **Thompson, Eugene (Pastor)**
STREET ADDRESS **943 NW 65th Street**
CITY-ST-ZIP **Miami Florida 33150**

TITLE **SD** ☐ Delete
NAME **ROGERS, LEE**
STREET ADDRESS **610 NORTH 24TH AVENUE**
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE **MD** ☒ Change ☐ Addition
NAME **Rogers, Lee**
STREET ADDRESS **610 North 24th Avenue**
CITY-ST-ZIP **Hollywood FL 33020**

TITLE **TD** ☐ Delete
NAME **THOMPSON, ROSALIE**
STREET ADDRESS **6033 NW 6TH COURT**
CITY-ST-ZIP **MIAMI FL 33127**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Change ☒ Addition
NAME **Fulkes, Carlton**
STREET ADDRESS **5421 SW 22nd Street**
CITY-ST-ZIP **Hollywood, Florida 33023**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Change ☒ Addition
NAME **Thompson, MARY (Pastor)**
STREET ADDRESS **943 NW 65th Street**
CITY-ST-ZIP **MIAMI, FLORIDA 33150**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Change ☒ Addition
NAME **Smith Tonya**
STREET ADDRESS **2701 NW 13th Court**
CITY-ST-ZIP **Ft. Lauderdale FL 33311**

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: *Eugene Thompson Jr II* **8-25-03 305 756-1733**

CR2E037 (4/03)