2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State
02-20-2001 90039 045 ****75.00

DOCUMENT # N00000005217

1. Entity Name

NEW JERUSALEM MINISTRIES FOR CHRIST, INCOPPORATE

Principal Place of Business	Mailing Address
3610 INDIAN WOODS ROAD ORLANDO FL 32808	PO BOX 915441 LONGWOOD FL 32791-5441

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3610 Indian Woods Rd.	P.O. Box 680702
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, Fl	City & State: Orlando, FL
Zip: 32808 Country: Orange	Zip: 32868 Country: Orange

4. FEI Number: 59-3663817 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SULLIVAN, ROBERT L
3610 INDIAN WOODS ROAD
ORLANDO FL 32808

7. Name and Address of New Registered Agent

Name: Rev. Samuel Espinosa
Street Address (P.O. Box Number is Not Acceptable): 3610 Indian Woods Road
City: Orlando FL Zip Code: 32808

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] SAMUEL ESPINOSA Pres/CEO 01-24-01
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	9. Election Campaign Financing Trust Fund Contribution. ☒ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres/CEO Samuel Espinosa 6383 Powers Pointe Cir. Orl. Fl. 32818 D	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice Pres Robert Sullivan 3610 Indian Woods Rd. Orl. Fl. 32808	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sec. Ruthie Reyes 367 Plymouth Rock Place Apopka, Fl. 32712 D	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treas. Maria E. Pagan 887 Kimball Dr. Ocoee, Fl. 34761 D	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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] SIGNATURE REQUIRED 01-24-01 (407) 766-4721
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #