

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000007919**

1. Entity Name  
**NEW JERUSALEM PLACE OF DELIVERANCE  
PENTECOSTAL CHURCH INC.**



Principal Place of Business  
**708 MARTIN LUTHER KING BLVD  
POMPANO BEACH, FL 33060**

Mailing Address  
**PO BOX 237  
POMPANO BEACH, FL 33061**



04052006 No Chg-NP CRZE037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1059964**

Applied For  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**EDWARDS, MARILYN S  
130 NW 20TH STREET  
POMPANO BEACH, FL 33060**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
EDWARDS, JOHN W  
130 NW 20TH ST  
POMPANO BEACH, FL 33060**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
EDWARDS, MARILYN S  
130 NW 20TH ST  
POMPANO BEACH, FL 33060**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
WILLIAMS, BRENDA  
2511 SW 6TH LANE  
POMPANO BEACH, FL 33060**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MIMS, MARY  
1525 NW 7TH LANE  
POMPANO BEACH, FL 33060**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MIMS, MARY  
1525 NW 7TH LANE  
POMPANO BEACH, FL 33060**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HAWKINS, ROY  
751 LYONS RD., APT. #18205  
COCONUT CREEK, FL 33063**

U00000501004  
04/25/06-80044-012 70.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/06

954-324-6809