

# 2002 UNIFORM BUSINESS REPORT (UBR)

8/7

**FILED**  
**Aug 21, 2002 8:00 am**  
**Secretary of State**

08-07-2002 90199 032 \*\*\*\*61.25

**DOCUMENT # N01000001291**

1. Entity Name

**NEW JERUSALEM CHRISTIAN CENTER, INC.**

Principal Place of Business

9903 LEM TURNER RD.  
JACKSONVILLE FL 32208

Mailing Address

9903 LEM TURNER RD.  
JACKSONVILLE FL 32208

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3701685

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WILLIAMS, JANET M**  
**9903 LEM TURNER RD.**  
**JACKSONVILLE FL 32208**

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.

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**

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

TITLE ☐ Delete

**D**  
**WILLIAMS, JANET M**  
**2972 TALL PINE LANE, APT. 4**  
**JACKSONVILLE FL 32277**

TITLE ☒ Delete

**V**  
**DURDEN, BONITA**  
**2747 SUNNY ACRES DR. N.**  
**JACKSONVILLE FL 32209**

TITLE ☐ Delete

**D**  
**CUMMINGS, LINDA**  
**11990 BEACH BLVD., APT. 69**  
**JACKSONVILLE FL 32248**

TITLE ☐ Delete

**T**  
**MCNEAL, JACKIE**  
**9131 ALTAMONTE AVE.**  
**JACKSONVILLE FL 32208**

TITLE ☐ Delete

**T**  
**WILLIAMS, SYLVESTER**  
**2972 TALL PINE LANE, APT. 4**  
**JACKSONVILLE FL 32277**

TITLE ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

TITLE ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)