## 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N01000001291

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

JACKSONVILLE, FL 32208

WILLIAMS, SYLVESTER

2972 TALL PINE LANE, APT. 4

JACKSONVILLE, FL 32277

( ) Delete

FILED Oct 20, 2009 Secretary of State

Entity Name: NEW JERUSALEM CHRISTIAN CENTER MINISTRIES, INC.

**Current Principal Place of Business: New Principal Place of Business:** 9903 LEM TURNER RD JACKSONVILLE, FL 32208 **Current Mailing Address: New Mailing Address:** 9903 LEM TURNER RD JACKSONVILLE, FL 32208 FEI Number: 59-3701685 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILLIAMS, JANET M 9903 LEM TURNER RD JACKSONVILLE, FL 32208 US 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: JANET M. WILLIAMS Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete WILLIAMS, JANET M WILLIAMS, JANET M Name: Name: 9439 SAN JOSE BLVD #237 Address: 9074 FIRST AVENUE Address: City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip: JACKSONVILLE, FL 32208 Title: SD Title: (X) Change ( ) Addition ( ) Delete CUMMINGS, LINDA J Name: RAMSEY, CHERYLE T Name: Address: 5800 BEACH BLVD., #203 Address: 9224 JAYBIRD CIRCLE EAST City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: JACKSONVILLE, FL 32257 Title: () Delete Title: (X) Change ( ) Addition MCNEAL, JACQUELINE PONDER, VONCEIL Name: Name: 9131 ALTAMONTE AVE. 8849 VICTORIA LANDING DRIVE Address: Address:

 Title:
 ( ) Delete
 Title:
 VP ( ) Change (X) Addition

 Name:
 SETHRIDGE, TASHA

 Address:
 Address:
 9054 POLK AVENUE

 City-St-Zip:
 City-St-Zip:
 JACKSONVILLE, FL 32208

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

JACKSONVILLE, FL 32208

WILLIAMS, SYLVESTER

JACKSONVILLE, FL 32208

9074 FIRST AVENUE

(X) Change ( ) Addition

SIGNATURE: JANET M. WILLIAMS CD 10/20/2009