2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000341

FILED May 04, 2006 Secretary of State

Entity Name: NEW JERUSALEM MESSIANIC SYNAGOGUE, INC.

Current Principal Place of Business: New Principal Place of Business: C/O MICHAEL STEPAKOFF 2686 BAYSHORE BLVD. DUNEDIN, FL 34698 **Current Mailing Address: New Mailing Address:** C/O MICHAEL STEPAKOFF 8370 W HILLSBOROUGH AVE STE 208 TAMPA, FL 33615 FEI Number: 14-1868001 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: STEPAKOFF, MICHAEL G 8370 W HILLSBOROUGH AVE STE 208 TAMPA, FL 33615 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition STEPAKOFF, MICHAEL Name: Name: 8370 W HILLSBOROUGH AVE STE 208 Address: Address: City-St-Zip: TAMPA, FL 33615 City-St-Zip: Title: () Delete Title: () Change () Addition Name: MINSKY, STUART Name: Address: 10901 COVEY CT Address: City-St-Zip: TAMPA, FL 33625 City-St-Zip: Title: () Delete Title: (X) Change () Addition ADLER, MARTIN Name: FRADY, ALEX Name: 5113 ARBOR POINT CIR. Address: 1550 LANEY DR Address: City-St-Zip: PALM HARBOR, FL 34683 City-St-Zip: TAMPA, FL 33617 Title: () Delete Title: () Change () Addition Name: FRADY,, CHUCK Name: 5113 ARBOR POINT CIR. Address: Address: City-St-Zip: TAMPA,, FL 33617 City-St-Zip: Title: Title: () Delete () Change () Addition STEPAKOFF, TARA Name: Name: 8370 W. HILLSBOROUGH AVE., STE. 208 Address: Address: City-St-Zip: TAMPA, FL 33615 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: MICHAEL STEPAKOFF PRES 05/04/2006