

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000341

FILED
Apr 28, 2008
Secretary of State

Entity Name: NEW JERUSALEM MESSIANIC SYNAGOGUE, INC.

Current Principal Place of Business:

C/O MICHAEL STEPAKOFF
2686 BAYSHORE BLVD.
DUNEDIN, FL 34698

New Principal Place of Business:

Current Mailing Address:

C/O MICHAEL STEPAKOFF
8370 W HILLSBOROUGH AVE STE 103
TAMPA, FL 33615

New Mailing Address:

FEI Number: 14-1868001 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEPAKOFF, MICHAEL G
8370 W HILLSBOROUGH AVE
STE. 103
TAMPA, FL 33615 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: STEPAKOFF, MICHAEL
Address: 8370 W HILLSBOROUGH AVE STE 208
City-St-Zip: TAMPA, FL 33615

Title: D () Delete
Name: MINSKY, STUART
Address: 10901 COVEY CT
City-St-Zip: TAMPA, FL 33625

Title: D () Delete
Name: FRADY, ALEX
Address: 5113 ARBOR POINT CIR.
City-St-Zip: TAMPA, FL 33617

Title: D (X) Delete
Name: FRADY,, CHUCK
Address: 5113 ARBOR POINT CIR.
City-St-Zip: TAMPA,, FL 33617

Title: VPD (X) Delete
Name: STEPAKOFF, TARA
Address: 8370 W. HILLSBOROUGH AVE., STE. 208
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: TARA, STEPAKOFF
Address: 8370 W. HILLSBOROUGH AVE. , STE. 103
City-St-Zip: TAMPA, FL 33615

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: MICHAEL STEPAKOFF

PD

04/28/2008

Electronic Signature of Signing Officer or Director

_____ Date