

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000000366

1. Entity Name  
CHURCH OF GOD OF THE NEW JERUSALEM, INC.



APPROVED  
AND  
FILED

06 MAY 15 AM 10: 03

Principal Place of Business  
320 SOUTH US HIGHWAY ONE  
LAKE PARK, FL 33403

Mailing Address  
320 SOUTH US HIGHWAY ONE  
LAKE PARK, FL 33403

**REINSTATEMENT**

SECRETARY OF STATE  
FLORIDA  
05-06 JSC



2. Principal Place of Business

3. Mailing Address

320 South US Highway

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

one

City & State

City & State

LAKE PARK

Zip  
33403

Country

Zip

Country

10182005 REIN-NP

CR2E099 (6/04)

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BIEN-AIME, JOHILLE  
735 MAGNOLIA DRIVE  
LAKE PARK, FL 33403

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. 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

500075572215

05/31/06--01033--020 \*\*297.50

**FILE NOW!!! FEE IS \$236.25**  
**After January 1, 2006, Fee will be \$297.50**

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIEN-AIME, JOHILLE 735 MAGNOLIA DRIVE LAKE PARK, FL 33403	Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAPHAEL, HUBERT 825 CYPRESS DRIVE, APT. #9 LAKE PARK, FL 33403	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POLYNICE, ELIFERTE 4885 TORTUGA DRIVE WEST PALM BEACH, FL 33407	Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: John B. Bismarck  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/06 5605024270

Date

Daytime Phone #