

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000002818



1. Entity Name

NEW JERUSALEM EVANGELICAL CHURCH, INC.

Principal Place of Business

Mailing Address

**14789 S.W. DR.M.LUTHER KING JR. DR.
INDIANTOWN FL 34956**

**PO BOX 1121
INDIANTOWN FL 34956**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

4. FEI Number

42-1628125

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GASPAR, FRANCISCO REV.
14646 SW INDIAN MOUND DRIVE
INDIANTOWN FL 34956**

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD ☐ Delete
NAME: GASPAR, FRANCISCO REV.
STREET ADDRESS: 14646 SW INDIAN MOUND DRIVE
CITY-STATE-ZIP: INDIANTOWN FL 34956

TITLE: ☐ Change ☐ Addition
NAME: **000000606710**
STREET ADDRESS: **01/31/07-80008-006 61.25**
CITY-STATE-ZIP:

TITLE: TD ☐ Delete
NAME: MARTIN, MIGUEL JUAN
STREET ADDRESS: PO BOX 1865
CITY-STATE-ZIP: INDIANTOWN FL 34956

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: SD ☐ Delete
NAME: MIGUEL, JACINTO P
STREET ADDRESS: PO BOX 1570
CITY-STATE-ZIP: INDIANTOWN FL 34956

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
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CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
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CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Francisco Gaspar

1-26-07

772-341-5311