

06 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90213 041 ****70.00

DOCUMENT # N04000003326

1. Entity Name
NEW JERUSALEM CITY MINISTRY, INC.



Principal Place of Business
**563 FERGUSON STREET
SUITE E
ORLANDO, FL 32805 US**

Mailing Address
**5709 RYWOOD DRIVE
ORLANDO, FL 32810 US**

50016934



2. Principal Place of Business

5351 Edgewater Dr.
Suite, Apt. #, etc.

3. Mailing Address

5709 Rywood Dr.
Suite, Apt. #, etc.

04102006 Chg-NP CR2E037 (11/05)

City & State

Orlando FL
Zip
32810 Country

City & State

Orlando, FL
Zip
32810 Country

4. FEI Number
20-0222572

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FARMER, JR, JAMES
5709 RYWOOD DRIVE
ORLANDO, FL 32810**

7. Name and Address of New Registered Agent

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

James Farmer Jr

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

TITLE **D** ☐ Delete
NAME **FARMER, JR., JAMES P**
STREET ADDRESS **5709 RYWOOD DRIVE**
CITY-ST-ZIP **ORLANDO, FL 32810**

TITLE **D** ☐ Delete
NAME **FULLER, LORI L**
STREET ADDRESS **5709 RYWOOD DRIVE**
CITY-ST-ZIP **ORLANDO, FL 32810**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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

James Farmer Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #