


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2007 8:00 am
Secretary of State

09-10-2007 90001 016 ****75.00

DOCUMENT # N05000006916

1. Entity Name
JERUSALEM INSTITUTE, INC.



Principal Place of Business Mailing Address
5201 SOUTH FLAMINGO ROAD **5201 SOUTH FLAMINGO ROAD**
COOPER CITY, FL 33330 US **COOPER CITY, FL 33330 US**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

09052007 Chg-NP CR2E037 (12/06)

City & State City & State

4. FEI Number
NOT APPLICABLE Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

HATTABAUGH, RACHEL R
5201 SOUTH FLAMINGO ROAD
COOPER CITY, FL 33330

7. Name and Address of New Registered Agent

Name **KIM JOHNSON, H.M.**
 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]* DATE **9/5/2007**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by September 14, 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

TITLE	P	<input type="checkbox"/> Delete
NAME	HATTABAUGH, MARK A	
STREET ADDRESS	5201 SOUTH FLAMINGO ROAD	
CITY-ST-ZIP	COOPER CITY, FL 33330	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JOHNSON, KIM	
STREET ADDRESS	5201 SOUTH FLAMINGO ROAD	
CITY-ST-ZIP	COOPER CITY, FL 33330	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	FEGTER, BRIAN J	
STREET ADDRESS	5201 SOUTH FLAMINGO ROAD	
CITY-ST-ZIP	COOPER CITY, FL 33330	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP/D/MS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 empowerments.

SIGNATURE: *[Signature]* DATE: **9/5/2007** DAYTIME PHONE #: **630-253-8184**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #