

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05242

FILED  
Feb 14, 2005  
Secretary of State

Entity Name: EVANGELIST JERUSALEM, INC.

**Current Principal Place of Business:**

732 ASHLAND ST.  
P.O. BOX 277  
MASCOTTE, FL 347530277

**New Principal Place of Business:**

**Current Mailing Address:**

732 ASHLAND ST.  
P.O. BOX 277  
MASCOTTE, FL 347530277

**New Mailing Address:**

FEI Number: 59-2981707

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

RAMIREZ, BELIA  
709 PARK RD  
MASCOTTE, FL 34753 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: RAMIREZ, JUAN M,  
Address: 735 ASHLAND RD  
City-St-Zip: MASCOTTE, FL

Title: V ( ) Delete  
Name: RAMIREZ, MARIA DEL R, EFUG  
Address: 735 ASHLAND  
City-St-Zip: MASCOTTE, FL

Title: T ( ) Delete  
Name: RIVAS, JESSIE J  
Address: 735 ASHLAND RD  
City-St-Zip: MASCOTTE, FL 34753

Title: S ( ) Delete  
Name: RIVAS, MARIA T  
Address: 735 ASHLAND RD  
City-St-Zip: MASCOTTE, FL 34753

Title: D ( ) Delete  
Name: CASAREZ, DIONICIO  
Address: 37837 HART CIR  
City-St-Zip: ZEPHYRHILLS, FL 33542

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: V (X) Change ( ) Addition  
Name: RAMIREZ, MARIA DEL R, EFUGIO  
Address: 735 ASHLAND  
City-St-Zip: MASCOTTE, FL

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

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 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 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: MARIA T. RIVAS

SEC.

02/14/2005

Electronic Signature of Signing Officer or Director

Date