

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 FEB 24 AM 9:28

REINSTATEMENT 08-09Ks



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| DOCUMENT # N06000005402 | |
| 1. Entity Name NEW JERUSALEM C.D.F.G.O.O.H.INC. | |



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| Principal Place of Business P.O. BOX 14514 FORT LAUDERDALE, FL 33311 | Mailing Address P.O. BOX 14514 FORT LAUDERDALE, FL 33311 |
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| 2. Principal Place of Business - No P.O. Box # 1364 NW 38th ST. | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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|---------------------------|--------------|
| City & State MIAMI, FL | City & State |
| Zip 33142 | Country |

02102009 REIN-NP CR2E099 (1/07)

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| 4. FEI Number 64-0956872 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent | |
| O'NEAL, CLARENCE 2720 NW 170TH ST MIAMI, FL 33056 | |

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| 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 Clarence R. O'Neal DATE 02/20/2009
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$122.50 | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | Make check payable to Florida Department of State |
|------------------------------------|--|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|---|--|
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | CEO DIXON, LULA M PASTOR 1364 NW 38TH ST MIAMI, FL 33142 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 600144312296 02/24/09--01043--001 **131.25 |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | PRES DIXON, E APOSTLE 1364 NW 38TH ST MIAMI, FL 33142 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | VP O'NEAL, CLARENCE R ELDER 2720 NW 170TH ST MIAMI, FL 33056 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | SEC STRIGGLES, B.J. EVANGEL 721 NW 3RD AVE APT 201 FORT LAUDERDALE, FL 33311 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | TREA STRIGGLES, B.J. EVANGEL 721 NW 3RD AVE APT 201 FORT LAUDERDALE, FL 33311 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-STATE-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 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: Lula M Dixon DATE 02/20/2009 DAYTIME PHONE # 305-634-9459
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR