

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 31, 2007 8:00 am
Secretary of State

05-02-2007 90066 038 ****70.00

DOCUMENT # N06000011886 1. Entity Name NEW JERUSALEM CHURCH OF TAMPA CORP					
Principal Place of Business 3605 N 51ST ST TAMPA, FL 33619			Mailing Address 3605 N 51ST ST TAMPA, FL 33619		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 02-0798990	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLANCHARD, FRITZ 3605 N 51ST ST TAMPA, FL 33619				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-STATE-ZIP	P BLANCHARD, FRITZ 3605 N 51ST ST TAMPA, FL 33619			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V JEUNE, ELFILS 6429 AMUNDSON SY TAMPA, FL 33619			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S OSCA, JOSUE 8411 N LAMAR ST. TAMPA, FL 33619			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T JOSEPH, WILLIAM 6909 N 20TH ST. TAMPA, FL 33610			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	(Empty)			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	(Empty)			<input type="checkbox"/> Delete	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: 4/30/07 Daytime Phone #: 813-767-7741	

66017224



04292007 Chg-NP CR2E037 (12/06)