

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000005601

FILED
Oct 20, 2008
Secretary of State

Entity Name: NEW JERUSALEM WORSHIP CENTER INC.

Current Principal Place of Business:

1430 SW SAINT LUCIE WEST BLVD STE 105
PORT SAINT LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

1430 SW SAINT LUCIE WEST BLVD STE 105
PORT SAINT LUCIE, FL 34986

New Mailing Address:

PO BOX 882253
PORT SAINT LUCIE, FL 34988

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

JULES, ABDIAS
5814 NW WINDY PINES LANE
PORT SAINT LUCIE, FL 34986 US

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: ABDIAS JULES

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JULES, ABDIAS
Address: PO BOX 882253
City-St-Zip: PORT ST LUCIE, FL 34988

Title: DP () Delete
Name: JOSEPH, CLERMONT
Address: PO BOX 882253
City-St-Zip: PORT ST LUCIE, FL 34988

Title: S () Delete
Name: MILLIEN, FANEL
Address: PO BOX 882253
City-St-Zip: PORT ST LUCIE, FL 34988

Title: DT () Delete
Name: JULES, DANIEL
Address: PO BOX 882253
City-St-Zip: PORT ST LUCIE, FL 34988

Title: T () Delete
Name: JOSEPH, VANIEL
Address: PO BOX 882253
City-St-Zip: PORT ST LUCIE, FL 34988

Title: S () Delete
Name: ZAMOR, ANN JASMINE
Address: P.O.BOX 882253
City-St-Zip: PORT ST LUCIE, FL 34988

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: T (X) Change () Addition
Name: BERNADIN, NIRKETTE
Address: PO BOX 882253
City-St-Zip: PORT ST LUCIE, FL 34988

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ABDIAS JULES

D

10/20/2008

Electronic Signature of Signing Officer or Director

Date