

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35258

Entity Name: NEW JERUSALEM HOUSE OF PRAYER, INC.

FILED
Jul 06, 2004
Secretary of State

Current Principal Place of Business:

% JEROME GRANT
603 TUCKER STREET
MELBOURNE FL, 32901

Current Mailing Address:

P.O. BOX 2543
MELBOURNE, FL 32901

New Principal Place of Business:

% JEROME GRANT
603 TUCKER STREET
MELBOURNE, FL 32901

New Mailing Address:

P.O. BOX 2543
MELBOURNE, FL 32902

FEI Number: 59-2977027

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRANT, JEROME
603 TUCKER STREET
MELBOURNE FL, FL 32901 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: PCD () Delete
Name: GRANT, ELDER JEROME, (PAS
Address: 603 TUCKER STREET
City-St-Zip: MELBOURNE FL,

Title: TM () Delete
Name: GRANT, DEANNA
Address: 603 TUCKER STREET
City-St-Zip: MELBOURNE, FL 32901

Title: VTD () Delete
Name: GRANT, DEANNA
Address: 603 TUCKER STREET
City-St-Zip: MELBOURNE, FL 32908

Title: VD () Delete
Name: STENSON, RITA
Address: 501 SOUTH VARR AVE
City-St-Zip: COCOA, FL 32922

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:

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: RITA STENSON

VD

07/06/2004

Electronic Signature of Signing Officer or Director

Date