

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90045 023 ****70.00

DOCUMENT # N35258

1. Entity Name

NEW JERUSALEM HOUSE OF PRAYER, INC.

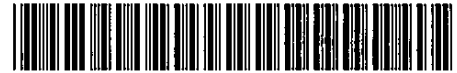


Principal Place of Business

% JEROME GRANT
603 TUCKER STREET
MELBOURNE FL 32901

Mailing Address

P.O. BOX 2543
MELBOURNE FL 32902



2. Principal Place of Business

258 E. University Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Apt. # H

City & State

Melbourne, FL

City & State

Zip

Country

Zip

32901

Country

United States

Country

4. FEI Number

59-2977027

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/04)

6. Name and Address of Current Registered Agent

GRANT, JEROME
603 TUCKER STREET
MELBOURNE FL FL 32901

7. Name and Address of New Registered Agent

Name

Jerome Grant

Street Address (P.O. Box Number is Not Acceptable)

258 E. University Blvd. # H

City

Melbourne

FL

Zip Code

32901

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

Jerome Grant, Jerome Grant, PCD

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/05/05

FILE NOW: FEE IS \$61.25

Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> Delete
NAME	GRANT, ELDER JEROME (PAS)	
STREET ADDRESS	603 TUCKER STREET	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	TM	<input type="checkbox"/> Delete
NAME	GRANT, DEANNA	
STREET ADDRESS	603 TUCKER STREET	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	GRANT, DEANNA	
STREET ADDRESS	603 TUCKER STREET	
CITY-ST-ZIP	MELBOURNE FL 32908	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STENSON, RITA	
STREET ADDRESS	501 SOUTH VARR AVE	
CITY-ST-ZIP	COCOA FL 32922	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANT, Elder Jerome (PAS)	
STREET ADDRESS	258 E. University Blvd. # H	
CITY-ST-ZIP	Melbourne, FL 32901	
TITLE	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANT, DEANNA	
STREET ADDRESS	258 E. University Blvd. # H	
CITY-ST-ZIP	Melbourne, FL 32901	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANT, RITA	
STREET ADDRESS	258 E. University Blvd. # H	
CITY-ST-ZIP	Melbourne, FL 32901	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Rita Grant, RITA GRANT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/05/05

Date

(321) 480-9870

Daytime Phone #