FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N48237** **(4)**

1. Corporation Name

NEW JERUSALEM CHRISTIAN CENTER INC.

Principal Place of Business	Mailing Address
5934 NORTHWEST 17 AVENUE. #F MIAMI FL 33147	1040 NORTHWEST 123 STREET MIAMI FL 33168 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/07/1992
3a. Date of Last Report: 08/08/1994
4. FEI Number: 65-0385462 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032 Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

NELSON, LYNBERG
1040 NORTHWEST 123 STREET
APT. F
MIAMI FL 33168

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	NELSON, LYNBERG	12 NAME		
STREET ADDRESS	1040 NORTHWEST 123 STREET	13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	NELSON, VERLINDA	22 NAME		
STREET ADDRESS	1040 NORTHWEST 123 STREET	23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP		
TITLE	STD	31 TITLE	D	☒ Change ☐ Addition
NAME	HAWKINS, KATHERINE	32 NAME	Hawkins Katherine	
STREET ADDRESS	7715 NW 15TH AVE.	33 STREET ADDRESS	7715 NW 15 Ave	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	Miami Fla.	
TITLE	ST	41 TITLE		☐ Change ☒ Addition
NAME	Sarah Barry	42 NAME		
STREET ADDRESS	2310 Lake Miramar Way	43 STREET ADDRESS		
CITY-ST-ZIP	Miramar Way Fla. 33025	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lynberg Nelson LYNBERG NELSON 4/30/95 6884833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

004100