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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # N48237

(4)

| NEW JERUSALEM CHRISTIAN CENTER INC. | | | | | | | | | | | | |
|--|---------------------------------------|----|--|-------|--|------|------------------------------|--------------------|------------------|--|--|--|
| Principal Place of Business Mailing Address | | | | | | | | | | | | |
| 5934 NORTHWEST 17 AVENUE. #F 1040 NORTHWEST 123 STREE MIAMI FL 33168-6416 | | | | | | | | | | | | |
| | | | | | US | | | | | 3. Date Incorporated or Qualified 04/07/1992 3a. Date of Last Report 03/04/1996 | | |
| Principal Place of Business | | | | | 2a. Mailing Address 26 | | | | | 4. FEI Number 65-0385462 Applied For Not Applicable | | |
| Suite, Apt #, etc. | | | | | Suite, Apt. #, etc. | | | | | 5. Certificate of Status Desired | | |
| City & State | | | | | City & State | | | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | |
| Zip 24 | Country 25 | | | 29 | —————————————————————————————————————— | | | Country | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No | | |
| 24 | 9. Name and Address of Current | | | | | | | -T | | 10. Name and Address of New Registered Agent | | |
| 81 Nam | | | | | | | | | ame | | | |
| NELSON, LYNBERG 1040 NORTHWEST 123 STREET | | | | | | | 82 | St | reet Addre | Address (P.Ö. Box Number is Not Acceptable) | | |
| APT. F | | 83 | | | | | | | | | | |
| MIAMI FL 33168 | | | | | | | | С | ity | 85 Zip Code | | |
| | | | | | | | | | | | | |
| 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, 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 617,0503, Florida Statutes. | | | | | | | | | | | | |
| SIGNATURE | | | | | | | | | | ed when reinstating) DATE | | |
| 12. OFFICERS AND | | | | | | | | | griatore require | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TOLE | PD | | | | ☐ DELETE | _ | TITLE | | | Change Addition | | |
| NAME | NELSON, LYNBERG | | | | 1. | | | 1.2 NAME | | | | |
| STREET ADDRESS | AND ALADON BUTON AND APART | | | | Ī 12 | | | 1.3 STREET ADDRESS | | | | |
| CITY-S1-ZIP | MIAMI FL | | | | · 1 | | | 1.4 CITY-ST-ZIP | | | | |
| TITLE | VD . | | | | DELETE | 2.11 | 2.1 TITLE | | | ☐ Change ☐ Addition | | |
| NAME | NELSON, VERLINDA | | | | 2.2 | | | | | | | |
| STREET ADDRESS | | | | | 2.3 | | | T ADD | RESS | | | |
| CHTY - S.I - ZIP | MIAMI FL | | | | | | | 2 4 CITY-ST-ZIP | | | | |
| TITLE | D | | | | DELETE 3.11 | | | | 1 | Change Addition | | |
| NAME | HAWKINS, KATHERINE | | | | 3.2 N | | | | | | | |
| STREET ADDRESS | 7715 NW 15 AVE | | | | | 3.33 | 3.3 STREET ADDRESS | | RESS | | | |
| CITY-ST-ZIP | | | | | | | 3.4. CITY - ST - ZIP | | P | Change ☐ Addition | | |
| TITLE | • . | | | | | | 4.1 TITLE | | | Change Addition | | |
| NAME OTDEST ADDRESS | BARRY, SARAH 2310 LAKE MIRAMAR WAY | | | | | | 4. 2 NAME | | DE00 | 2002 C. 21 L | | |
| STREET ADDRESS | MIRAMAR WAY FL | | | | | | 4.3 STREET ADDRESS | | | 0413 Taft Street, 33020 | | |
| CITY - S1 - ZIP | | | | | | | 4.4 CITY-ST-ZIP 5.1 TITLE | | | Thory wood, ~~ 330 € | | |
| NAME | | | | | | | NAME | | | Zonergy Zounton | | |
| STREET ADDRESS | | | | | | | STREET | | RESS | | | |
| DITY-ST-ZIP | | | | | | | CITY-5 | | | | | |
| THE | | | | ***** | DELETE | | TITLE | | | Change Addition | | |
| NAME | | | | | | . E | NAME | | | | | |
| STREET ADDRESS | | | | | | | STREET | | RESS | | | |

CITY-ST-ZIP

14. I do 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 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:

PASTOR LYNGERG NELSON 1-18-96-696644

FILED

Feb 05 1997 8:00am

Secretary of State