

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48237

FILED
May 01, 2008
Secretary of State

Entity Name: NEW JERUSALEM CHRISTIAN CENTER INC.

Current Principal Place of Business:

5934 NORTHWEST 17 AVENUE, #F
MIAMI, FL 33147

New Principal Place of Business:

Current Mailing Address:

1040 NORTHWEST 123 STREET
MIAMI, FL 33168 US

New Mailing Address:

FEI Number: 65-0385462 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **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:

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

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NELSON, LYNBERG,
Address: 1040 NORTHWEST 123 STREET
City-St-Zip: MIAMI, FL

Title: VD () Delete
Name: NELSON, VERLINDA,
Address: 1040 NORTHWEST 123 STREET
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: HAWKINS, KATHERINE
Address: 7715 NW 15 AVE
City-St-Zip: MIAMI, FL

Title: ST () Delete
Name: NELSON, GLORIA V
Address: 1040 NW 123ST
City-St-Zip: MIAMI, FL 33168 US

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 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: LYNBERG NELSON

PD

05/01/2008

Electronic Signature of Signing Officer or Director

Date