2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48237

1. Entity Name

NEW JERUSALEM CHRISTIAN CENTER INC.



FILED Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90831 038 ****61.25

						WE TE							
Principal Place of Business Mailing Address													
5934 NORTHWEST 17 AVENUE. #F 1040				NORTHWEST 123 STREET MI FL 33168			f immissus Bis i	naet 1846 albee olaa	(DAI EIRI) B(B)	ı PiBir Aldıl s			
2. Principal Place of Business 3. Ma				ailing Address									
Suite, Apt. #, etc. S				uite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State Cit				the S Chata	ly & State								
				· · · · · · · · · · · · · · · · · · ·				4. FEI Number 65-0385462				Applied For Not Applicable	
			Zi					5. Certificate of Status Desired \$8.75 Additional Fee Required					7
6. Name and Address of Current Registered Agent								7. Name and Ad	dress of New Re	gistered A	gent		7
75						Name						-	٦
	i, Lynberg Irthwest 1	123 STREET	~ `` ≠• ~ ~	`	Street Address (P.O. Box Number is Not A							= -	
APT. F	22422											***	1
miami fi	L 33168		City			FL Zip Code					1		
8. The above	named entity	submits this statement for	the purp	ose of changing its	registered	l office or regis	stere	ed agent, or both, in	the State of Flor	ida. I am fa	ımiliar with	and accept	┪
the obliga	tions of regist	ered agent.										·	
SIGNATURE		or printed name of registered agent a	and title if aor	dicable (NOTE	- Registered (Agent signature requ	uirod u	uthan reinstations		DATE			
· · · · · · · · · · · · · · · · · · ·				7,1012.	. riogistoreo r		uneu v	witch remarking)		DAIE			_[
FILE NOW: FEE IS \$61.25				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							Λ.	DDITIONS (CHANG	LES TO OFFICER	C AND DID	TOTOBO II	1.40	4
TITLE	PD	· OTTOLING AIRD DIT	2010110	☐ Delete	11.		Al	DDITIONS/CHANG	ES TO OFFICER				ี ส
NAME	NELSON, I	LYNBERG		□ Delete	NAME						☐ Change	Addition	000
STREET ADDRESS					STREET	ADDRESS							7.11
CITY-ST-ZIP	MIAMI FL				CITY-S	T-ZIP							8
TITLE	VD	-		☐ Delete	TITLE	**.					Change	☐ Addition	CR2E037 (10/02
NAME	NELSON, 1	Æ RLINDA			NAME					,			0
STREET ADDRESS	i	THWEST 123 STREET			4	ADDRESS							1
CITY-ST-ZIP	MIAMI FL				CITY-S	T-ZIP							1
TITLE	D	1/471 (FBM (F +		Delete _	TITLE						Change	Addition	1
NAME STREET ADDRESS		KATHERINE			NAME	"							
CITY-ST-ZIP	7715 NW 1 MIAMI FL	IS AVE			STREET CITY-SI	ADDRESS							
	ST				-	1-ZIF			14.				-
TITLE NAME	BARRY, SA	.РАН		☐ Delete	TITLE					ĺ	☐ Change	Addition	i
STREET ADDRESS	6551 HARE				NAME STREET	ADDRESS							
CITY-ST-ZIP		OD FL 33024			CITY-SI								
TITLE				☐ Delete	TITLE					Г	Change	Addition	1
NAME					NAME					L	change	∟ машал	
STREET ADDRESS						ADDRESS							
CITY-ST-ZIP					CITY-ST	- ZIP							.
TITLE	- "			☐ Delete	TITLE						Change	Addition	
NAME					NAME					·		L Addition	
STREET ADDRESS						ADDRESS							
CITY-ST-ZIP					CITY-ST	-ZIP							1

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.

2-16-03 696-6044