2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N94000001624

FILED Feb 15, 2006 Secretary of State

Entity Name: NEW JERUSALEM HUMAN SERVICES, INC.

	rincipal Place of Business:	New Principal Place of Business:
P.O. BOX LAKELAN	953 D, FL 338020953	
Current N	lailing Address:	New Mailing Address:
P.O. BOX LAKELAN	953 D, FL 338020953	
n accordar	: 59-3240101 FEI Number Applied For() FEI I nce with s. 607.193(2)(b), F.S., the corporation did not received Address of Current Registered Agent:	Number Not Applicable () The the prior notice. Name and Address of New Registered Agent:
1125 N NE	G, JIMMIE LEE SR EW YORK AVE D, FL 33805 US	
	e named entity submits this statement for the purpos e of Florida.	e of changing its registered office or registered agent, or
SIGNATU	RE: JIMMIE L. DOWNING, SR.	
	Electronic Signature of Registered Agent	Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIREC
ītle: Jame:	PD () Delete DOWNING, JIMIE LEE SR	Title: () Change () Addition Name:
ddress:	1525 WRIGHT DR LAKELAND, FL 33805	Address: City-St-Zip:
Address: Dity-St-Zip: Title: Name: Address:		
Address: Dity-St-Zip: Title: Jame: Address: Dity-St-Zip: Title: Jame: Address:	LAKELAND, FL 33805 VD () Delete HALL, GLENZY 1601 E ALABAMA ST #607	City-St-Zip: Title: () Change () Addition Name: Address:
Address: City-St-Zip:	LAKELAND, FL 33805 VD () Delete HALL, GLENZY 1601 E ALABAMA ST #607 PLANT CITY, FL 33566 VD () Delete ENGRAM, EDDIE 1014 N MADISON AVE	City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:
Address: City-St-Zip: Citle: Jame: Address: City-St-Zip: Citle: Jame: Address: City-St-Zip: City-St-Zip: City-St-Zip: Address: Address: Address:	LAKELAND, FL 33805 VD () Delete HALL, GLENZY 1601 E ALABAMA ST #607 PLANT CITY, FL 33566 VD () Delete ENGRAM, EDDIE 1014 N MADISON AVE LAKELAND, FL 33805 S () Delete PACE, SANDRA 2298 GARDEN CHASE DR.	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 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: DR. JIMMIE L. DOWNING, SR PRES 02/15/2006