

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002577

FILED
May 07, 2004
Secretary of State

Entity Name: NEW JERUSALEM DELIVERANCE CENTER CM CARPENTER LITTLE ANGELS RESOURCE CENTER, INC.

Current Principal Place of Business:

1700 NW 17TH STREET
FT. LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

430 SW 31ST AVENUE
FT. LAUDERDALE, FL 33311

New Mailing Address:

FEI Number: 65-0484716

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, CHRISTINE
751 SW 30TH AVENUE
FT. LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

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: CARPENTER, CHARLIE M
Address: 430 S.W. 31ST AVE.
City-St-Zip: FT. LAUDERDALE, FL

Title: VD () Delete
Name: SMITH, CHRISTINE
Address: 751 SW 30TH AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: TD () Delete
Name: CHANCE, BETTY
Address: 430 SW 31ST AVE
City-St-Zip: FT LAUDERDALE, FL 33312

Title: SD () Delete
Name: RUCKER, CARLA
Address: 652 SW 16TH AVENUE #1
City-St-Zip: FT. LAUDERDALE, FL 33312

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 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 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: CHARLIE CARPENTER

PD

05/07/2004

Electronic Signature of Signing Officer or Director

Date