
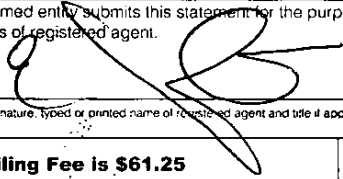



**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 25, 2006 8:00 am**  
**Secretary of State**

07-25-2006 90021 040 \*\*\*\*61.25

<b>DOCUMENT # N94000003203</b>					
1. Entity Name THE NEW JERUSALEM BAPTIST CHURCH, INC.					
Principal Place of Business 2790 NW 15TH COURT FT. LAUDERDALE, FL 33311			Mailing Address 2790 NW 15TH COURT FT. LAUDERDALE, FL 33311		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CORTES, EFRAIN 1900 W COMMERCIAL BLVD #162 FORT LAUDERDALE, FL 33309				Name <b>CORTES EFRAIN</b> Street Address (P.O. Box Number is Not Acceptable) <b>3230 W. COMMERCIAL BLVD.</b> <b>Suite 290</b> City <b>FT LAUDERDALE</b> FL Zip Code <b>33309</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 				DATE <b>7/19/06</b>	
Filing Fee is \$61.25 Due by September 6, 2006				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BLANC, ALBERT		NAME		
STREET ADDRESS	7809 NW 39TH STREET		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 30654		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAFNE, MARIE		NAME		
STREET ADDRESS	3642 NW 32ND STREET		STREET ADDRESS		
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33309		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BLANC, VENESE		NAME		
STREET ADDRESS	7809 NW 39TH STREET		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 30654		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VALCOURT, OLISIA		NAME		
STREET ADDRESS	118 NW ALABAMA AVE		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33311		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LIBERTIN, JOSUE		NAME		
STREET ADDRESS	441 SW 39TH TERR		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33312		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RAMBEAU, JOYEUX		NAME		
STREET ADDRESS	1632 NE 16TH STREET		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
SIGNATURE: 				Date: <b>7-19-06</b> Daytime Phone #: <b>954 709 1309</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					