


FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90054 007 \*\*\*\*61.25

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|   |   |  |
|---|---|--|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

**DOCUMENT # N97000000162**

1. Corporation Name  
**NEW JERUSALEM CHURCH OF SMYRNA, INC.**

|   |   |
|---|---|
| Principal Place of Business<br>2185 PRETTY LANE<br>APT 1<br>W PALM BCH FL 33406<br>US | Mailing Address<br>2185 PRETTY LANE<br>APT 1<br>W PALM BCH FL 33406<br>US |
|---|---|



|  |   |   |                                |                               |
|--|---|---|--------------------------------|-------------------------------|
| 2. Principal Place of Business<br>21<br>Suite, Apt. #, etc.<br>22<br>City & State<br>23<br>Zip<br>24 | 2a. Mailing Address<br>26<br>Suite, Apt. #, etc.<br>27<br>City & State<br>28<br>Zip<br>29 | 3. Date Incorporated or Qualified<br>01/06/1997                                 | 4. FEI Number<br>65-0779504    | Applied For<br>Not Applicable |
| Country<br>25  | Country<br>30   | 5. Certificate of Status Desired <input type="checkbox"/>                       | \$8.75 Additional Fee Required |                               |
|  |   | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees    |                               |

9. Name and Address of Current Registered Agent

**JOHNSON, VAN C**  
6178 NEWTON WOODS DRIVE  
WEST PALM BEACH FL 33417

10. Name and Address of New Registered Agent

81 Name  
**Emmanuel I. H. M. Afraka**

82 Street Address (P.O. Box Number is Not Acceptable)  
**2185 Pretty Ln.**

83

84 City  
**West Palm Beach**

85 Zip Code  
**FL 33415**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Emmanuel I. H. M. Afraka - Emmanuel I. H. M. Afraka** DATE **1-12-99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

|                |                            |  |
|----------------|----------------------------|--|
| TITLE          | DS                         | <input type="checkbox"/> DELETE            |
| NAME           | AFRICA, SUSAN              |  |
| STREET ADDRESS | 2185 PRETTYLANE APT 1      |  |
| CITY-ST-ZIP    | W PALM BCH FL 33406        |  |
| TITLE          | DP                         | <input type="checkbox"/> DELETE            |
| NAME           | AFRICA, CHRISTOPHER N      |  |
| STREET ADDRESS | 2185 PRETTY LANE APT 1     |  |
| CITY-ST-ZIP    | W PALM BCH FL 33406        |  |
| TITLE          | DT                         | <input checked="" type="checkbox"/> DELETE |
| NAME           | HENRY, HORACE              |  |
| STREET ADDRESS | 721 45 ST                  |  |
| CITY-ST-ZIP    | W PALM BEACH FL 33407      |  |
| TITLE          | Director (Founder)         | <input type="checkbox"/> DELETE            |
| NAME           | Emmanuel Afraka            |  |
| STREET ADDRESS | 2185 Pretty Ln. Apt. 1     |  |
| CITY-ST-ZIP    | West Palm Beach, FL. 33415 |  |
| TITLE          |                            | <input type="checkbox"/> DELETE            |
| NAME           |                            |  |
| STREET ADDRESS |                            |  |
| CITY-ST-ZIP    |                            |  |
| TITLE          |                            | <input type="checkbox"/> DELETE            |
| NAME           |                            |  |
| STREET ADDRESS |                            |  |
| CITY-ST-ZIP    |                            |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                            |  |
|--------------------|----------------------------|--|
| 1.1 TITLE          | Director (Founder)         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | Emmanuel Afraka            |  |
| 1.3 STREET ADDRESS | 2185 Pretty Ln. Apt. 1     |  |
| 1.4 CITY-ST-ZIP    | West Palm Beach, FL. 33415 |  |
| 2.1 TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |                            |  |
| 2.3 STREET ADDRESS |                            |  |
| 2.4 CITY-ST-ZIP    |                            |  |
| 3.1 TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                            |  |
| 3.3 STREET ADDRESS |                            |  |
| 3.4 CITY-ST-ZIP    |                            |  |
| 4.1 TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                            |  |
| 4.3 STREET ADDRESS |                            |  |
| 4.4 CITY-ST-ZIP    |                            |  |
| 5.1 TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                            |  |
| 5.3 STREET ADDRESS |                            |  |
| 5.4 CITY-ST-ZIP    |                            |  |
| 6.1 TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                            |  |
| 6.3 STREET ADDRESS |                            |  |
| 6.4 CITY-ST-ZIP    |                            |  |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Christopher N. Africa** DATE **1-12-99** (561) 967-6201

Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E037 (1/198)