

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 14, 2001 8:00 am**  
**Secretary of State**

0051185

**DOCUMENT # N97000000162**

1. Entity Name

**NEW JERUSALEM CHURCH OF SMYRNA, INC.**

03-14-2001 90200 020 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**1101 WEDGEWOOD PLAZA DR  
 RIVIERA BEACH FL 33404  
 US**

**P O BOX 10626  
 RIVIERA BEACH FL 33419  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0779504**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**AFRAKA, EMMANUEL I  
 2185 PRETTY LN  
 WEST PALM BEACH FL 33415**

7. Name and Address of New Registered Agent

Name **Emmanuel I. Afraka**  
 Street Address (P.O. Box Number is Not Acceptable) **1101 Wedgewood Plaza Dr.**  
 City **Riviera Beach** FL Zip Code **33404**

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.

SIGNATURE *Emmanuel Afraka* DATE **3/10/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>DS</b>	<input type="checkbox"/> Delete
NAME	<b>AFRICA, SUSAN</b>	
STREET ADDRESS	<b>2185 PRETTYLANE APT 1</b>	
CITY-ST-ZIP	<b>W PALM BCH FL 33406</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>AFRICA, CHRISTOPHER N</b>	
STREET ADDRESS	<b>2185 PRETTY LANE APT 1</b>	
CITY-ST-ZIP	<b>W PALM BCH FL 33406</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>AFRAKA, EMMANUEL</b>	
STREET ADDRESS	<b>2185 PRETTY LN APT 1</b>	
CITY-ST-ZIP	<b>W PALM BEACH FL 33415</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>DS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Africa, Susan</b>	
STREET ADDRESS	<b>1101 Wedgewood Plaza Dr.</b>	
CITY-ST-ZIP	<b>Riviera Beach, Fl. 33404</b>	
TITLE	<b>DP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Africa, Christopher N</b>	
STREET ADDRESS	<b>1101 Wedgewood Plaza Dr.</b>	
CITY-ST-ZIP	<b>Riviera Beach, Fl. 33404</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Afraka, Emmanuel</b>	
STREET ADDRESS	<b>1101 Wedgewood Plaza Dr.</b>	
CITY-ST-ZIP	<b>Riviera Beach, Fl. 33404</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: *Christopher N. Africa and Christopher N. Africa (DS)* DATE: **3/10/01** (561) 842-6835  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/00)