

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000162

FILED
Mar 23, 2009
Secretary of State

Entity Name: NEW JERUSALEM CHURCH OF SMYRNA, INC.

Current Principal Place of Business:

1117 DOUGLASS AVENUE
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

Current Mailing Address:

1117 DOUGLASS AVENUE
WEST PALM BEACH, FL 33401 US

New Mailing Address:

1117 DOUGLASS AVENUE
WEST PALM BEACH, FL 33401 US

FEI Number: 65-0779504 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

AFRAKA, EMMANUEL M
1117 DOUGLASS AVENUE
WEST PALM BEACH, FL 33401 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: DS () Delete
Name: AFRICA, SUSAN
Address: 1117 DOUGLASS AVENUE
City-St-Zip: WEST PALM BEACH, FL 33401

Title: DP () Delete
Name: AFRICA, CHRISTOPHER N
Address: 1117 DOUGLASS AVENUE
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: AFRAKA, EMMANUEL
Address: 1117 DOUGLASS AVENUE
City-St-Zip: WEST PALM BEACH, FL 33401

Title: TS () Delete
Name: AFRIKA, NEETE D
Address: 1117 DOUGLASS AVENUE
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: AFRIKA, HUAN H
Address: 1117 DOUGLASS AVENUE
City-St-Zip: WEST PALM BEACH, FL 33401

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: SUSAN AFRICA

DS

03/23/2009

Electronic Signature of Signing Officer or Director

_____ Date