

FILE NOW: FILING FEE IS \$61.25

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Mar 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000003635 (6)

1. Corporation Name  
**UNITED NEW JERUSALEM CHURCH OF JESUS CHRIST, INC**



Principal Place of Business <b>2007 DESOTA AVE. SNEADS FL 32460</b>	Mailing Address <b>P.O. BOX 304 SNEADS FL 32460</b>
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3. Date Incorporated or Qualified  
**06/23/1997**

4. FEI Number Applied For  
 Not Applicable

*United New Jerusalem Church of Jesus Christ, Inc.*

2. Principal Place of Business 21 <b>2007 Desota Ave.</b>	2a. Mailing Address 26 Suite, Apt. #, etc.
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

22 City & State	27 Suite, Apt. #, etc.
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7. Is this nonprofit corporation a homeowners association?  
 Yes  No

23 City & State	28 City & State
24 Zip	29 Country
25 Zip	30 Country

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**RAINES, WILLIS L SR  
2007 DESOTA AVE.  
SNEADS FL 32460**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAINES, WILLIS L SR.	1.2 NAME	
STREET ADDRESS	P. O. BOX 304 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	SNEADS FL 32460	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARROLL, JOUQUETTE	2.2 NAME	
STREET ADDRESS	3383 TENDELL RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	COTTONDALE FL 32431	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARROLL, SHIRLEY	3.2 NAME	
STREET ADDRESS	3383 TENDELL RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	COTTONDALE FL 32431	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, KAREN D	4.2 NAME	
STREET ADDRESS	P. O. BOX 74 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	SNEADS FL 32460	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Willis L. Raines, Sr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3-14-98*  
Date

Daytime Phone # 001688

CR2E037 (10/97)