


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000003635 1. Entity Name UNITED NEW JERUSALEM CHURCH OF JESUS CHRIST, INC.		
Principal Place of Business UNITED NEW JERUSALEM CHURCH OF JC INC 2007 DESOTA AVE SNEADS FL 32460 US		Mailing Address P.O. BOX 304 SNEADS FL 32460
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
RAINES, WILLIS L SR 2007 DESOTA AVE. SNEADS FL 32460		Name Street Address (P.O. Box Number is Not Acceptable) City
		FL Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW: FEE IS \$61.25 Due By May 1, 2004	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: PD NAME: RAINES, WILLIS L SR. <input type="checkbox"/> Delete STREET ADDRESS: P. O. BOX 304 N/A CITY-ST-ZIP: SNEADS FL 32460	U00000038477 02/06/04-80139-018 61.25	
TITLE: VD NAME: CARROLL, JOCQUETTE <input type="checkbox"/> Delete STREET ADDRESS: 3383 TENDELL RD. CITY-ST-ZIP: COTTONDALE FL 32431	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: SD NAME: CARROLL, SHIRLEY <input type="checkbox"/> Delete STREET ADDRESS: 3383 TENDELL RD. CITY-ST-ZIP: COTTONDALE FL 32431	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: TD NAME: LEWIS, KAREN D <input type="checkbox"/> Delete STREET ADDRESS: P. O. BOX 74 N/A CITY-ST-ZIP: SNEADS FL 32460	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	



MOORE CR2E037 (11/03)

4. FEI Number Applied For
NO-T APPLICABLE Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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: *Willis L. Raines, Sr.* *2-3-04 (850) 593-6632*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #