## **2008 NOT-FOR-PROFIT CORPORATION** ANNUAL REPORT (AR)

## DOCUMENT # N97000003635

1. Entity Name

UNITED NEW JERUSALEM CHURCH OF JESUS CHRIST, INC.

Principal Place of Business

Mailing Address

UNITED NEW JERUSALEM CHURCH OF JC INC P.O. BOX 304 2007 DESOTA AVE P.O. BOX 304 SNEADS FL 32460

**FILED** Feb 27, 2008 8:00 am Secretary of State

02-27-2008 90013 020 \*\*\*\*61.25



SNEADS FL US	32460								
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				1 BIJBB 134BI W.L	HE HE HEZI		
Suile, Apt. #. etc.		Suite, Apt. #, etc.		1st MOORE CR2E037 (10/07)					
City & State		City & State		4. FEI Number	NO-T APPLICABLE	J	plied For t Applicable		
Zip	Country	Zip	Country	5. Certificate of S		3.75 Add e Required			
	6. Name and Address of Current		7. Name and Address of New Registered Agent						
			Name	Name					
RAINES, WILLIS L SR 2007 DESOTA AVE. SNEADS FL 32460			Street Addres	Street Address (P.O. Box Number is Not Acceptable)					
			City	1	FL	Zip Code	;		
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. Tarn familiar with, and accept the obligations of registered agent.  SIGNATURE									
	Signature, typed or printed name of registered agent :	and Held applicable. (NOTE: Be	egistered Agant cigaaause red r	rr(-d when reinstating)	DATE		ļ		
	FILE NOW: FEE IS \$61.25 Due By May 1, 2008	aign Financing Irribution, 🔲	\$5.00 May Be Added to Fees	Make Check F Florida Departm	ayable ent of S	lo tate			
10.	OFFICERS AND DIF	RECTORS	11,	ADDITIONS/CHANG	SES TO OFFICERS AND DIRE	CTORS IN	10		
TITLE	PD	☐ Delete	TITLE			Change	Addition		
NAME	RAINES, WILLIS L SR.		NAME						
STREET ADDRESS CITY+ST-ZIP	P. O. BOX 304 N/A SNEADS FL 32460		STREET ADDRESS CITY-ST-ZIP				)		
TITLE	D	☐ Delete	TITLE		Г	Change	Addition		
NAME	RAINES, BRODERICK L SR	1701110	NAME		_				
STREET ADDRESS	4383 TYPELO CT		STREET ADDRESS						
CITY-ST-ZIP	MARIANNA FL 32448		CITY-ST-ZIP						
TITLE	SD SHARON A	Delete	TITLE			] Change	Addition		
NAME STREET ADDRESS	MCMILLON, SHARON A 829 BETHEL CT		NAME Street address						
CITY-ST-ZIP	CHATTAHOOCHEE FL 32324		CITY-ST-ZIP						
	TD								
THE	· =	☐ Delete	TITLE		L	] Change	☐ Addition		
NAME STREET ADDRESS	ADAMS, LAURATTA B 76 MASON RD		NAME CYREET ADDRESS						
CITY-ST-ZIP	CHATTAHOOCHEE FL 32324		STREET ADDPESS CITY-ST-ZIP						
	D								
TIFLE	LEWIS, ADRIAN	☐ Delete	TITLE		L	] Change	☐ Addition		
NAME CURRENT AS PROPERTY	144 AVE, E		NAME CONSTANDANCE						
	PORT SAINT JOE FL 32456		STREET ADDRESS						
CITY-Si-ZiP			CHY-ST-ZiP						
TITLE	D DAINIEG KENDDIGK V	☐ Delete	TITLE			] Change	Addition		
NAME	RAINES, KENDRICK V		NAME						
STREET ADDRESS	308 W RIVER RD		STREET ADDRESS						
CITY-ST-ZIP	CHATTAHOOCHEE FL 32324		CITY-ST-ZIP						

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.