

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003635

FILED
Apr 28, 2009
Secretary of State

Entity Name: UNITED NEW JERUSALEM CHURCH OF JESUS CHRIST, INC.

Current Principal Place of Business:

UNITED NEW JERUSALEM CHURCH OF JC INC
2007 DESOTA AVE
SNEADS, FL 32460 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 304
SNEADS, FL 32460

New Mailing Address:

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

Name and Address of Current Registered Agent:

RAINES, WILLIS L SR
2007 DESOTA AVE.
SNEADS, FL 32460 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: PD () Delete
Name: RAINES, WILLIS L SR.
Address: P. O. BOX 304 N/A
City-St-Zip: SNEADS, FL 32460

Title: D () Delete
Name: RAINES, BRODERICK L SR
Address: 4383 TYPELO CT
City-St-Zip: MARIANNA, FL 32448

Title: SD () Delete
Name: MCMILLON, SHARON A
Address: 829 BETHEL CT
City-St-Zip: CHATTAHOOCHEE, FL 32324

Title: TD () Delete
Name: ADAMS, LAURATTA B
Address: 76 MASON RD
City-St-Zip: CHATTAHOOCHEE, FL 32324

Title: D () Delete
Name: LEWIS, ADRIAN
Address: 144 AVE, E
City-St-Zip: PORT SAINT JOE, FL 32456

Title: D () Delete
Name: RAINES, KENDRICK V
Address: 308 W RIVER RD
City-St-Zip: CHATTAHOOCHEE, FL 32324

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: WILLIS L RAINES SR.

PD

04/28/2009

Electronic Signature of Signing Officer or Director

_____ Date