

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90215 022 ****61.25

DOCUMENT # N97000005969

1. Entity Name

NEW JERUSALEM HEALING CENTER, INC.

Principal Place of Business

Mailing Address

120 N 5TH ST
 FORT PIERCE FL 34947
 US

1103 HEMLOCK CIRCLE
 FORT PIERCE FL 34947-7237

B0092723



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1103 Hemlock Circle

1103 Hemlock Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Fort Pierce, Florida

Fort Pierce, Florida

4. FEI Number

65-0791917

Applied For

Not Applicable

Zip

Country

Zip

Country

34947

USA

34947

United States

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, MILDRED A
 1103 HEMLOCK CIRCLE
 FORT PIERCE FL 34947

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.

SIGNATURE

Mildred Arlene Smith

4/26/00

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	SMITH, MILDRED A	
STREET ADDRESS	1103 HEMLOCK CIRCLE	
CITY-ST-ZIP	FORT PIERCE FL 34947	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, CLYDE	
STREET ADDRESS	1103 HEMLOCK CIRCLE	
CITY-ST-ZIP	FORT PIERCE FL 34947	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HAYES, DELORES	
STREET ADDRESS	4705 NORTH 35TH AVENUE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	QUISTIAN, ANGELIA	
STREET ADDRESS	1124 AVENUE K	
CITY-ST-ZIP	FORT PIERCE FL 34950	
TITLE	S	<input type="checkbox"/> Delete
NAME	WALKER, KESCHA	
STREET ADDRESS	1103 HEMLOCK CIRCLE	
CITY-ST-ZIP	FORT PIERCE FL 34947	
TITLE	T	<input type="checkbox"/> Delete
NAME	HARRIOTT, LETISHIA	
STREET ADDRESS	1103 HEMLOCK CIRCLE	
CITY-ST-ZIP	FORT PIERCE FL 34947	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Mildred Arlene Smith

4/26/00 462-4058

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #