

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000000756**

1. Entity Name

NEW JERUSALEM WORSHIP MINISTRIES, INC.**FILED**
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90344 026 ****70.00

0003588

Principal Place of Business	Mailing Address
1960 U.S. 1 SOUTH SUITE 102 ST. AUGUSTINE FL 32086	1960 U.S. 1 SOUTH SUITE 102 ST. AUGUSTINE FL 32086

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	59-3466986	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
AUGE, DEBRA 1960 U.S. 1 SOUTH SUITE 102 ST. AUGUSTINE FL 32086

7. Name and Address of New Registered Agent
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 Debra Auge
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-13-02
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	
TITLE	D <input type="checkbox"/> Delete
NAME	LEE, JAMES VINCENT
STREET ADDRESS	580 LIVE OAK STREET
CITY-ST-ZIP	ST. AUGUSTINE FL 32084
TITLE	D <input type="checkbox"/> Delete
NAME	LEE, VENESSA ELAINE
STREET ADDRESS	580 LIVE OAK STREET
CITY-ST-ZIP	ST. AUGUSTINE FL 32084
TITLE	D <input type="checkbox"/> Delete
NAME	AUGE, DEBRA
STREET ADDRESS	2660 GORDA BELLA AVENUE
CITY-ST-ZIP	ST. AUGUSTINE FL 32084
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: James Vincent Lee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR3/13/02 (904)
824-9930
Date Daytime Phone #

CR2E037 (9/01)