2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jul 10, 2006 8:00 am Secretary of State

1. Entity Nam	MENT # N980000007 RUSALEM WORSHIP MINIST			. 1	10-2006 90028		
Principal Place of Business Maiting Address 1350 STATE ROAD 16 1350 STATE ROAD 16 ST. AUGUSTINE, FL 32084 ST. AUGUSTINE, FL 320			084	2 (BEITHER GIR JATEL)			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07032006 Ch	g-NP CR	2E037 (4/06)	
City & State		City & State		4. FEI Number 59-3466986	3	 	plied For at Applicable
Zip	Country	Zip	Country	5. Certificate of Sta		\$8.75 Add Fee Require	
	6. Name and Address of Current Re	gistered Agent		7. Name and Addr	ess of New Register	ed Agent	
LEE VEN	ESSA E		Name				
LEE, VENESSA E 580 LIVE OAK STREET ST. AUGUSTINE, FL 32084			Street Addres	ss (P.O. Box Number is N	ot Acceptable)		
			City		F	EL Zip Cod	e
	e named entity submits this statement for the tions of registered agent. Signature, typed or printed name of registered agent and	Lee				3/06	and accept
	Signature, typed or printed name or registered agent and	title if applicable. (NOTE	: Registered Agent signature requ	ured when reinstating)	- DA	TE •	
D	Filing Fee is \$61.25 ue by September 6, 2006		npaign Financing	\$5.00 May Be Added to Fees		neck payable to	
D.	Filing Fee is \$61.25	9. Election Carr Trust Fund C	npaign Financing	\$5.00 May Be	Florida De	partment of S	tate
10. TITLE	Filing Fee is \$61.25 ue by September 6, 2006 OFFICERS AND DIREC	9. Election Carr Trust Fund C	npaign Financing contribution.	\$5.00 May Be Added to Fees	Florida De	partment of S	tate
10. TITLE NAME	Filing Fee is \$61.25 ue by September 6, 2006 OFFICERS AND DIRECT PAST LEE, JAMES VINCENT	B. Election Carr Trust Fund C CTORS	npaign Financing contribution. 11. 1ITLE NAME	\$5.00 May Be Added to Fees	Florida De	DIRECTORS IN	tate
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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: _

SIGNATURE AND TYPED OR PRINTED NAME OF BIGHONG OFFICER OR DIRECTOR