

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000756

FILED
Apr 23, 2008
Secretary of State

Entity Name: NEW JERUSALEM WORSHIP MINISTRIES, INC.

Current Principal Place of Business:

1350 STATE ROAD 16
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

1350 STATE ROAD 16
ST. AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 59-3466986 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEE, VENESSA E
580 LIVE OAK STREET
ST. AUGUSTINE, FL 32084 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: PAST () Delete
Name: LEE, JAMES VINCENT
Address: 580 LIVE OAK STREET
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: APAS () Delete
Name: LEE, VENESSA ELAINE
Address: 580 LIVE OAK STREET
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: DEC () Delete
Name: BYRD, ROOSEVELT
Address: 13 TRAVIS LANE
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: MINI () Delete
Name: LEE, JAMES T
Address: 580 LIVE OAK STREET
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: DEAC () Delete
Name: BARNES, EDDIE L
Address: 20 ROLLINS AVE
City-St-Zip: ST. AUGUSTINE, FL 32084

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: VENESSA E. LEE

APAS

04/23/2008

Electronic Signature of Signing Officer or Director

_____ Date