## 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N98000000756

FILED Oct 14, 2009 Secretary of State

Entity Name: NEW JERUSALEM WORSHIP MINISTRIES, INC. **Current Principal Place of Business: New Principal Place of Business:** 1350 STATE ROAD 16 ST. AUGUSTINE, FL 32084 **Current Mailing Address: New Mailing Address:** 1350 STATE ROAD 16 ST. AUGUSTINE, FL 32084 FEI Number: 59-3466986 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEE, VENESSA E 580 LIVE OAK STREET ST. AUGUSTINE, FL 32084 US 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: VENESSA ELAINE LEE Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: PAST () Change () Addition () Delete LEE, JAMES VINCENT Name: Name: 580 LIVE OAK STREET Address: Address: City-St-Zip: ST. AUGUSTINE, FL 32084 City-St-Zip: Title: APAS () Delete Title: APAS (X) Change ( ) Addition LEE, VENESSA ELAINE Name: LEE, VENESSA E Name: Address: 580 LIVE OAK STREET Address: 580 LIVE OAK STREET City-St-Zip: ST. AUGUSTINE, FL 32084 City-St-Zip: ST. AUGUSTINE, FL 32084 Title: DEC () Delete Title: () Change () Addition BYRD, ROOSEVELT Name: Name: Address: 13 TRAVIS LANE Address: City-St-Zip: ST. AUGUSTINE, FL 32084 City-St-Zip: Title: MINI () Delete Title: () Change () Addition Name: LEE, JAMES T Name: Address: 580 LIVE OAK STREET Address: City-St-Zip: ST. AUGUSTINE, FL 32084 City-St-Zip: Title: DEAC () Delete Title: DEAC (X) Change ( ) Addition BARNES, EDDIE L BARNES, EDDIE L Name: Name: 20 ROLLINS AVE 30 ROLLINS AVE Address: Address: ST. AUGUSTINE, FL 32084 City-St-Zip: City-St-Zip: ST. AUGUSTINE, FL 32084

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: JAMES VINCENT LEE PAST 10/14/2009