

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001398

FILED  
Feb 24, 2005  
Secretary of State

Entity Name: JERUSALEM WORSHIP CENTER, INC.

## Current Principal Place of Business:

38322 JAMESTOWN RD  
UMATILLA, FL 32784

## New Principal Place of Business:

86 ORANGE LANE  
UMATILLA, FL 32784

## Current Mailing Address:

38322 JAMESTOWN RD  
UMATILLA, FL 32784

## New Mailing Address:

FEI Number: 26-1274843      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OGISTE, GREGORY SR.  
30849 VISTA VIEW  
MOUNT DORA, FL 32757      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: PD ( ) Delete  
Name: OGISTE, GREGORY SR.  
Address: 30849 VISTA VIEW  
City-St-Zip: MOUNT DORA, FL 32757

Title: VD ( ) Delete  
Name: OGISTE, ANGELA  
Address: 30849 VISTA VIEW  
City-St-Zip: MOUNT DORA, FL 32757

Title: D ( ) Delete  
Name: BRYANT, EMMA  
Address: 17006 MILLS ST  
City-St-Zip: UMATILLA, FL 32784

Title: TD ( ) Delete  
Name: BRYANT, ROBERT L SR.  
Address: 17006 MILLS ST  
City-St-Zip: UMATILLA, FL 32784

Title: D ( ) Delete  
Name: GREEN, JOHN E SR.  
Address: 38651 MARSHALL ST  
City-St-Zip: UMATILLA, FL 32784

Title: SD ( ) Delete  
Name: SILAS, DERRIS N  
Address: 38946 SALLY ST  
City-St-Zip: UMATILLA, FL 32784

## 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:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GREGORY OGISTE, SR.

PD

02/24/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date