

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90151 075 ****61.25
 04-14-1999 90151 076 *****8.75

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N98000002916
 1. Corporation Name
 THE NEW JERUSALEM PRAYER MINISTRY, INC

Principal Place of Business Mailing Address
 6025 NW 6th Court Same
 Miami, Fl 33127 Same

2. Principal Place of Business 21 Same	2a. Mailing Address 26 Same	3. Date Incorporated or Qualified 05/21/98
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 65-0838735
22 City & State	27 City & State	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
23 Zip Country	28 Zip Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24 25	29 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent Anthony Bernard 16201 SW 95 Avenue, Suite 109 Miami, Fl 33157	10. Name and Address of New Registered Agent 81 Name Same 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
--	---

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.
 SIGNATURE: *Eugene Thompson Jr* DATE: 3/31/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD <input type="checkbox"/> DELETE	NAME Thompson, Eugene	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 6033 NW 6th Court	CITY-ST-ZIP Miami, Fl 33127	1.2 NAME	
TITLE VPD <input type="checkbox"/> DELETE	NAME Clayton, Rudolph	1.3 STREET ADDRESS	
STREET ADDRESS 13851 SW 282nd Street	CITY-ST-ZIP Homestead, Fl 33033	1.4 CITY-ST-ZIP	
TITLE SD <input type="checkbox"/> DELETE	NAME Denise Brooks	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 5421 SW 22nd Street	CITY-ST-ZIP Hollywood, Fl 33023	2.2 NAME	
TITLE TD <input checked="" type="checkbox"/> DELETE	NAME Peterson, Melody	2.3 STREET ADDRESS	
STREET ADDRESS 21352 SW 112 Avenue	CITY-ST-ZIP Miami, Fl 33189	2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	3.2 NAME	
TITLE <input type="checkbox"/> DELETE	NAME	3.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TD Thompson, Rosalie
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	6033 N.W. 6th Court
TITLE <input type="checkbox"/> DELETE	NAME	4.3 STREET ADDRESS	Miami, Fl 33127
STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
TITLE <input type="checkbox"/> DELETE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
TITLE <input type="checkbox"/> DELETE	NAME	6.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Eugene Thompson Jr* EUGENE THOMPSON JR 3-29-99 (305) 756-1733
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)