2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 16, 2001 8:00 am Secretary of State DOCUMENT # N98000002916 1. Entity Name THE NEW JERUSALEM PRAYER MINISTRY, INC. 04-16-2001 90478 010 ****61.25 Principal Place of Business Mailing Address 6025 N.W. 6TH COURT 6025 N.W. 6TH COURT MIAMI FL 33127 MIAMI FL 33127 946592 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For-__ 65-0838735 Not Applicable Zip Country Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BERNARD, ANTHONY 16201 SW 95 AVENUE, SUITE 109 MIAMI FL 33157 City Zip Code FL 8. 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: **\$5.00** May Be Make Check Payable to Trust Fund Contribution. **FEE IS \$61.25** Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Change Addition NAME THOMPSON. EUGENE II NAME STREET ADDRESS 6033 N.W. 6TH COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33127 TITLE DVP Delete TITLE ☐ Change ☐ Addition NAME. CLAYTON, RUDOLPH--NAME STREET ADDRESS 13851 SW 282ND STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u>Homestead FL 33033</u> TITLE SD 🕍 Delete TITLE ☐ Change Addition **BROOKS, DENISE** NAME STREET ADDRESS STREET ADDRESS 5421 S.W. 22ND STREET CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33023 TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME THOMPSON, ROSALIE NAME STREET ADDRESS 6033 N.W. 6TH COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33127 TITLE ☐ Delete TITLE The Change ☐ Addition NAME NAME ᢀᢁᡒᡒᢁᡠ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP

12. 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 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

4-11-01 (305) 756-1733