2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

CITY-ST-7IP

SIGNATURE:

HOLLYWOOD, FL 33023

SIGNATURE AND TYPED OF

Apr 01, 2004 08:00 AM Secretary of State DOCUMENT # N98000002916 T. Entity Name THE NEW JERUSALEM PRAYER MINISTRIES INTERNATIONAL, INC. Principal Place of Business Mailing Address 6033 NW 6TH COURT PO BOX 472673 MIAMI, FL 33127 MIAMI, FL 33147 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 03292004 Chg-NP CR2E037 (10/03) City & State Applied For City & State 4. FEI Number 65-0838735 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name THOMPSON, MARY P Street Address (P.O. Box Number is Not Acceptable) 942 NW 65TH STREET MIAMI, FL 33150 City Zip Code 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. I am familiar with, and accept the obligations of registered agent 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 Filing Fee is \$61,25 \$5.00 May Be Make check payable to \Box Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE VPD ☐ Delete TITLE Change | ☐ Addition THOMPSON, EUGENE II U00000100679 04/01/04-80017-010 61.25 NAME MASSE STREET ADDRESS 943 NW 65TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33150 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME CLAYTON, RUDOLPH NAME STREET ADDRESS 13851 SW 282ND STREET STREET ADDRESS CITY-ST-ZIP HOMESTEAD, FL 33033 CITY-ST-ZIP TITLE Delete TITLE Change □ Addition NAME THOMPSON, MARY NAME 943 NW 65TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33150 CTTY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition THOMPSON, ROSALIE NAME NAME 6033 N.W. 6TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33127 CITY-ST-ZIP TITLE SD Delete TITLE ☐ Change ☐ Addition SMITH, TONYA NAME NAME STREET ADDRESS 2701 NW 13TH COURT STREET ADDRESS FORT LAUDERDALE, FL 33311 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TRELE Change Addition BROOKS, DENISE NAME MAME **5421 SW 22ND COURT** STREET ADDRESS STREET ADDRESS

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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 path; 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.

RINTED NAME OF SIGNING DEFICER OR DIRECTOR

FILED