

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90022 010 ****61.25

DOCUMENT # N98000002916 1. Entity Name THE NEW JERUSALEM PRAYER MINISTRIES INTERNATIONAL, INC.					
Principal Place of Business 6033 NW 6TH COURT MIAMI, FL 33127			Mailing Address PO BOX 472673 MIAMI, FL 33147		
2. Principal Place of Business 6021 NW 6th Court Suite, Apt. #, etc.		3. Mailing Address P.O. Box 472673 Suite, Apt. #, etc.			
City & State MIAMI, FLORIDA Zip 33127 Country USA		City & State MIAMI, FLORIDA Zip 33247 Country USA		4. FEI Number 65-0838735	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent THOMPSON, MARY P 942 NW 65TH STREET MIAMI, FL 33150			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD THOMPSON, EUGENE II 943 NW 65TH STREET MIAMI, FL 33150	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP thompson, Eugene II 660 NW 81st Street #916 MIAMI, FL 33150	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CLAYTON, RUDOLPH 13851 SW 282ND STREET HOMESTEAD, FL 33033	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMPSON, MARY 943 NW 65TH STREET MIAMI, FL 33150	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMPSON, MARY 660 NW 81st Street #916 MIAMI, FL 33150	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD THOMPSON, ROSALIE 6033 N.W. 6TH COURT MIAMI, FL 33127	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMITH, TONYA 2701 NW 13TH COURT FORT LAUDERDALE, FL 33311	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOKS, DENISE 5421 SW 22ND COURT HOLLYWOOD, FL 33023	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: <u>Mary Thompson</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			MARY THOMPSON 3/29/05 (305) 756-1733 Date Daytime Phone #		