


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90109 039 ****61.25

DOCUMENT # N98000002916					
1. Entity Name THE NEW JERUSALEM PRAYER MINISTRIES INTERNATIONAL, INC.					
Principal Place of Business 6021 NW 6TH COURT MIAMI, FL 33127		Mailing Address PO BOX 472673 MIAMI, FL 33247			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04272007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 65-0838735	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
THOMPSON, MARY P 6033 NW 6TH CT MIAMI, FL 33127			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	THOMPSON, EUGENE II		NAME		
STREET ADDRESS	6033 NW 6TH CT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33127		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CLAYTON, RUDOLPH		NAME		
STREET ADDRESS	13851 SW 282ND STREET		STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD, FL 33033		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	THOMPSON, MARY		NAME	<i>PD THOMPSON, MARY</i>	
STREET ADDRESS	660 NW 81ST STREET, # 916		STREET ADDRESS	<i>6033 NW 6th Court</i>	
CITY-ST-ZIP	MIAMI, FL 33150		CITY-ST-ZIP	<i>Miami FL 33127</i>	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	THOMPSON, ROSALIE		NAME		
STREET ADDRESS	6033 N.W. 6TH COURT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33127		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, TONYA		NAME	<i>SD ELISTON, TARSHA</i>	
STREET ADDRESS	451 NW 7TH ST # 102		STREET ADDRESS	<i>671 SW 28th Dr. Se</i>	
CITY-ST-ZIP	MIAMI, FL 33136		CITY-ST-ZIP	<i>Ft. Lauderdale 33312</i>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROOKS, DENISE		NAME		
STREET ADDRESS	5421 SW 22ND COURT		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33023		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Mary Thompson</i>			MAY THOMPSON 04-028-07 305756-1233		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		