


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2008 8:00 am
Secretary of State

08-08-2008 90017 009 ****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		08042008 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
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 12, 2008		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	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	THOMPSON, MARY	NAME			
STREET ADDRESS	6033 NW 6TH COURT	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33127	CITY-ST-ZIP			
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	THOMPSON, MARY	NAME			
STREET ADDRESS	660 NW 81ST STREET, # 916	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33150	CITY-ST-ZIP			
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 type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ELISTON, TARSHA	NAME			
STREET ADDRESS	671 SW 28TH DRIVE	STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312	CITY-ST-ZIP			
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 P. Thompson</i>		MARY P. THOMPSON		08-04-08 305-7561733	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	