

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		4. FEI Number 65-0838735	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THOMPSON, MARY P 6033 NW 6TH CT MIAMI, FL 33127			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 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	NAME THOMPSON, EUGENE II		<input type="checkbox"/> Delete		
STREET ADDRESS 6033 NW 6TH CT	CITY-ST-ZIP MIAMI, FL 33127		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE PD	NAME THOMPSON, MARY		<input type="checkbox"/> Delete		
STREET ADDRESS 6033 NW 6TH COURT	CITY-ST-ZIP MIAMI, FL 33127		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE PD	NAME THOMPSON, MARY		<input checked="" type="checkbox"/> Delete		
STREET ADDRESS 680 NW 81ST STREET, # 916	CITY-ST-ZIP MIAMI, FL 33150		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE TD	NAME THOMPSON, ROSALIE		<input type="checkbox"/> Delete		
STREET ADDRESS 6033 N.W. 6TH COURT	CITY-ST-ZIP MIAMI, FL 33127		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE SD	NAME ELISTON, TARSHA		<input type="checkbox"/> Delete		
STREET ADDRESS 671 SW 28TH DRIVE	CITY-ST-ZIP FORT LAUDERDALE, FL 33312		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D	NAME BROOKS, DENISE		<input type="checkbox"/> Delete		
STREET ADDRESS 5421 SW 22ND COURT	CITY-ST-ZIP HOLLYWOOD, FL 33023		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					