

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 21, 2003 8:00 am**  
**Secretary of State**

08-21-2003 90108 017 \*\*\*\*61.25

0008352

**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: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.  
City & State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Country: \_\_\_\_\_

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0838735** Applied For:  Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**BERNARD, ANTHONY**  
**16201 SW 95 AVENUE, SUITE 109**  
**MIAMI FL 33157**

7. Name and Address of New Registered Agent  
Name: **MARY P. THOMPSON**  
Street Address (P.O. Box Number is Not Acceptable): **943 NW 65th Street**  
City: **Miami** FL Zip Code: **33150**

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: *Mary P. Thompson* **MARY P. THOMPSON** DATE: **8/15/03**

FILE NOW: FEE IS \$61.25 After September 10, 2003, min will be \$236.25  
9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees  
Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE: <b>D</b>	<input type="checkbox"/> Delete
NAME: <b>THOMPSON, EUGENE II</b>	
STREET ADDRESS: <b>6033 N.W. 6TH COURT</b>	
CITY-ST-ZIP: <b>MIAMI FL 33127</b>	
TITLE: <b>DVP</b>	<input type="checkbox"/> Delete
NAME: <b>CLAYTON, RUDOLPH</b>	
STREET ADDRESS: <b>13851 SW 282ND STREET</b>	
CITY-ST-ZIP: <b>HOMESTEAD FL 33033</b>	
TITLE: <b>SD</b>	<input type="checkbox"/> Delete
NAME: <b>THOMPSON, MARY</b>	
STREET ADDRESS: <b>6033 NW 6TH COURT</b>	
CITY-ST-ZIP: <b>MIAMI FL 33127</b>	
TITLE: <b>TD</b>	<input type="checkbox"/> Delete
NAME: <b>THOMPSON, ROSALIE</b>	
STREET ADDRESS: <b>6033 N.W. 6TH COURT</b>	
CITY-ST-ZIP: <b>MIAMI FL 33127</b>	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: <b>VPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>Thompson, Eugene II</b>	
STREET ADDRESS: <b>943 NW 65th Street</b>	
CITY-ST-ZIP: <b>Miami, Florida 33150</b>	
TITLE: <b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>CLAYTON, RUDOLPH</b>	
STREET ADDRESS: <b>13851 SW 282nd Street</b>	
CITY-ST-ZIP: <b>Homestead, FL 33033</b>	
TITLE: <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>THOMPSON, MARY P.</b>	
STREET ADDRESS: <b>943 NW 65th Street</b>	
CITY-ST-ZIP: <b>MIAMI, Florida 33150</b>	
TITLE: <b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>Smith, TONYA</b>	
STREET ADDRESS: <b>2701 NW 13th Court</b>	
CITY-ST-ZIP: <b>Fort Lauderdale, FL 33311</b>	
TITLE: <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>Brooks, DENISE</b>	
STREET ADDRESS: <b>5421 S.W. 22nd Street</b>	
CITY-ST-ZIP: <b>Hollywood, Florida 33023</b>	

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: *Mary P. Thompson* **MARY P. THOMPSON** DATE: **8/15/03** DAYTIME PHONE #: **(305) 756-1733**

CR2E037 (4/03)