## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # N99000002749**

1. Entity Name

THE NEW JERUSALEM OF JESUS CHRIST CHURCH,



Principal Place of Business

1053 5TH AVE. NO. NAPLES, FL 34102

Mailing Address

1053 5TH AVE. NO. NAPLES, FL 34102

FILED
Apr 02, 2007 08:00 AM
Secretary of State



## DO NOT WRITE IN THIS SPACE

02272007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-3573101

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BEAUPLAN, DELIVRA 145 SABAL LAKE NAPLES, FL 34104

## DO NOT WRITE IN THIS SPACE

			* .	117	ITIIO OFACE	
8. The above the obligat	named entity submits this statement for the ions of registered agent.	purpose of changing its registere	ed office or re	gistered agent, or bo	th, in the State of Florida. I am famili	ar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	e if applicable (NOTE Registered	d Agent signature	equired when reinstating)	DATE	
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRE	CTORS		1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1		
NAME STREET ADDRESS CITY-ST-ZIP	PD BEAUPLAN, DELIVRA 145 SABAL LAKE NAPLES, FL 34104			en e	U00000687446	
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12. I hereby	certify that the information supplied with this	filing does not qualify for the exe	mptions con	ained in Chapter 119	, Florida Statutes. I further certify th	at the information

The eye feating that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

eliUna Beauphy 3-20-09-239-572-461

Daylime Phone #