

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90048 035 ****70.00

DOCUMENT # N99000002749					
1. Entity Name THE NEW JERUSALEM OF JESUS CHRIST CHURCH, INC.					
Principal Place of Business 1053 5TH AVE. NO. NAPLES, FL 34102			Mailing Address 1053 5TH AVE. NO. NAPLES, FL 34102		
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 59-3573101	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BEAUPLAN, DELIVRA 145 SABAL LAKE NAPLES, FL 34104			7. Name and Address of New Registered Agent Name BEAUPLAN, DELIVRA Street Address (P.O. Box Number is Not Acceptable) 70 22ND STREET S.E. City NAPLES FL Zip Code 34117		
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 <u>Delivra Beuplan</u> DATE <u>04-16-08</u> <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 May 1, 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	PD		TITLE	PD	
NAME	BEAUPLAN, DELIVRA		NAME	BEAUPLAN, DELIVRA	
STREET ADDRESS	145 SABAL LAKE		STREET ADDRESS	70 22 ND STREET S.E.	
CITY-ST-ZIP	NAPLES, FL 34104		CITY-ST-ZIP	NAPLES, FL 34117	
TITLE	D		TITLE	D	
NAME	BEAUPLAN, JULIE		NAME	BEAUPLAN, JULIE	
STREET ADDRESS	145 SABAL LAKE		STREET ADDRESS	70 22 ND STREET S.E.	
CITY-ST-ZIP	NAPLES, FL 34104		CITY-ST-ZIP	NAPLES, FL 34117	
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STREET ADDRESS			STREET ADDRESS		
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STREET ADDRESS			STREET ADDRESS		
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TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Delivra Beuplan</u>			(23A) 353-0625		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>04-16-08</u> Daytime Phone #		