

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000000341

**FILED**  
**Apr 27, 2023**  
**Secretary of State**  
**8004890858CC**

**Entity Name:** NEW JERUSALEM MESSIANIC SYNAGOGUE, INC.

**Current Principal Place of Business:**

C/O MICHAEL STEPACOFF  
6900 COUNTY ROAD 95  
PALM HARBOR, FL 34684

**Current Mailing Address:**

C/O MICHAEL STEPACOFF  
6900 COUNTY ROAD 95  
PALM HARBOR, FL 34684 US

**FEI Number:** 14-1868001

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

STEPACOFF, MICHAEL G  
C/O MICHAEL STEPACOFF  
6900 COUNTY ROAD 95  
PALM HARBOR, FL 34684 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent Date

**Officer/Director Detail :**

Title PD  
Name STEPACOFF, MICHAEL  
Address C/O MICHAEL STEPACOFF  
6900 COUNTY ROAD 95  
City-State-Zip: PALM HARBOR FL 34684

Title VPD  
Name TARA, STEPACOFF  
Address C/O MICHAEL STEPACOFF  
6900 COUNTY ROAD 95  
City-State-Zip: PALM HARBOR FL 34684

Title DIRECTOR  
Name NEAMAN, RUSSELL  
Address 1741 GROVE DR.  
City-State-Zip: CLEARWATER FL 33759

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHAEL STEPACOFF

**PRESIDENT**

**04/27/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail Date