

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000000341

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

**FILED**  
**Apr 30, 2014**  
**Secretary of State**  
**CC5269063749**

**Current Principal Place of Business:**

C/O MICHAEL STEPAKOFF  
1190 E. LAKE RD. S.  
TARPON SPRINGS, FL 34688

**Current Mailing Address:**

C/O MICHAEL STEPAKOFF  
1190 E. LAKE RD. S.  
TARPON SPRINGS, FL 34688 US

**FEI Number: 14-1868001**

**Certificate of Status Desired: No**

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

STEPAKOFF, MICHAEL G  
C/O MICHAEL STEPAKOFF  
1190 E. LAKE RD. S.  
TARPON SPRINGS, FL 34688 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	Title	D
Name	STEPAKOFF, MICHAEL	Name	MINSKY, STUART
Address	5009 N. CENTRAL AVE.	Address	10901 COVEY CT
City-State-Zip:	TAMPA FL 33603	City-State-Zip:	TAMPA FL 33625
Title	VPD		
Name	TARA, STEPAKOFF		
Address	1190 E. LAKE RD. S.		
City-State-Zip:	TARPON SPRINGS FL 34688		

*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 STEPAKOFF**

**PD**

**04/30/2014**

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

\_\_\_\_\_  
Date