


FILE NOW: FILING FEE IS \$61.25

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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 712321 (9)

1. Corporation Name
NEW JERUSALEM MISSIONARY BAPTIST CHURCH INC. OF WEST HOLLYWOOD

Principal Place of Business 5541 SW 21 ST. P.O. BOX 3724 HOLLYWOOD FL 33023	Mailing Address 5541 SW 21 ST. P.O. BOX 3724 HOLLYWOOD FL 33023
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3. Date Incorporated or Qualified 02/28/1967	
4. FEI Number 59-1707941	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

JONES, CHARLES
3070 N.W. 70TH TERR
MIAMI FL 33147

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD JONES, CHARLES	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, CHARLES	1.2 NAME	
STREET ADDRESS	3070 N.W. 70TH TERR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	ST BLAIR, CHRISTINE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAIR, CHRISTINE	2.2 NAME	
STREET ADDRESS	4390 N.W. 171ST ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	T NELSON, DOROTHY	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, DOROTHY	3.2 NAME	
STREET ADDRESS	5632 S.W. 19TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST HOLLYWOOD FL	3.4 CITY-ST-ZIP	
TITLE	T JONES, ADDIE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, ADDIE	4.2 NAME	
STREET ADDRESS	5632 FLAGER ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33023	4.4 CITY-ST-ZIP	
TITLE	D MONTFORD, JOHN	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTFORD, JOHN	5.2 NAME	
STREET ADDRESS	2241 N.W. 188TH TERRACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	T TAYLOR, JAMES	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, JAMES	6.2 NAME	
STREET ADDRESS	1099 N. W. 51 ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: CHARLES JONES/ PD *Charles Jones* 3-6-98 305 696-3494

CF2E037 (10/97)