

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90122 018 ****75.00

DOCUMENT # 712321

1. Entity Name

NEW JERUSALEM MISSIONARY BAPTIST CHURCH INC. OF

Principal Place of Business

Mailing Address

5541 SW 21 ST.
 P.O. BOX 3724
 HOLLYWOOD FL 33023

5541 SW 21 ST.
 P.O. BOX 3724
 WEST HOLLYWOOD 33083-3724

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1707941

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	JONES, CHARLES	
STREET ADDRESS	3070 N.W. 70TH TERR.	
CITY-ST-ZIP	MIAMI FL	
TITLE	ST.	<input type="checkbox"/> Delete
NAME	BLAIR, CHRISTINE	
STREET ADDRESS	4390 N.W. 171ST ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	NELSON, DOROTHY	
STREET ADDRESS	5632 S.W. 19TH STREET	
CITY-ST-ZIP	WEST HOLLYWOOD FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	JONES, ADDIE	
STREET ADDRESS	5632 FLAGLER ST	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE	D	<input type="checkbox"/> Delete
NAME	MONTFORD, JOHN	
STREET ADDRESS	2241 N.W. 188TH TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	TAYLOR, JAMES	
STREET ADDRESS	1099 N. W. 51 ST.	
CITY-ST-ZIP	MIAMI FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1099 N.W. 151 st ST.	
CITY-ST-ZIP		

12. 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 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:

Charles Jones / PD / *Charles Jones*

2-18-2000

305 696 3494

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)