

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 08, 2002 8:00 am**  
**Secretary of State**

04-08-2002 90247 049 \*\*\*\*\*70.00

0072394

**DOCUMENT # 712321**

1. Entity Name

**NEW JERUSALEM MISSIONARY BAPTIST CHURCH INC. OF WEST HOLLYWOOD**

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

4. FEI Number

**59-1707941**

Applied For

Not Applicable

Zip

Country

Zip

Country

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  
 NAME: JONES, CHARLES  Delete  
 STREET ADDRESS: 3070 N.W. 70TH TERR.  
 CITY-ST-ZIP: MIAMI FL

TITLE: \_\_\_\_\_  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: ST  Delete  
 NAME: BLAIR, CHRISTINE  
 STREET ADDRESS: 4390 N.W. 171ST ST.  
 CITY-ST-ZIP: MIAMI FL

TITLE: S  Change  Addition  
 NAME: MORRISON, OPHELIA  
 STREET ADDRESS: 3421 S.W. 48 AVE.  
 CITY-ST-ZIP: HOLLYWOOD, FL. #33023

TITLE: T  Delete  
 NAME: NELSON, DOROTHY  
 STREET ADDRESS: 5632 S.W. 19TH STREET  
 CITY-ST-ZIP: WEST HOLLYWOOD FL

TITLE: \_\_\_\_\_  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: T  Delete  
 NAME: JONES, ADDIE  
 STREET ADDRESS: 5632 FLAGER ST  
 CITY-ST-ZIP: HOLLYWOOD FL 33023

TITLE: \_\_\_\_\_  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: D  Delete  
 NAME: MONTFORD, JOHN  
 STREET ADDRESS: 2241 N.W. 188TH TERRACE  
 CITY-ST-ZIP: MIAMI FL

TITLE: \_\_\_\_\_  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: T  Delete  
 NAME: TAYLOR, JAMES  
 STREET ADDRESS: 1099 NW 151 STREET  
 CITY-ST-ZIP: MIAMI FL

TITLE: \_\_\_\_\_  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 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 *Charles Jones*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03#05-022 305 696-3494  
 Date Daytime Phone #

CR2E037 (9/01)