


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 712321</b> 1. Entity Name <b>NEW JERUSALEM MISSIONARY BAPTIST CHURCH INC. OF WEST HOLLYWOOD</b>	
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Principal Place of Business <b>5541 SW 21 ST. P.O. BOX 3724 HOLLYWOOD FL 33023</b>	Mailing Address <b>5541 SW 21 ST. P.O. BOX 3724 WEST HOLLYWOOD 33083-3724</b>
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1st MOORE      CR2E037 (10/04)

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 <b>59-1707941</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>
<b>JONES, CHARLES 3070 N.W. 70TH TERR MIAMI FL 33147</b>

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
<b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	PD JONES, CHARLES <input type="checkbox"/> Delete 3070 N.W. 70TH TERR. MIAMI FL
TITLE	ST OPHELIA, MORRISON <input type="checkbox"/> Delete 3421 S.W. 48 AVE. HOLLYWOOD FL 33023
TITLE	T NELSON, DOROTHY <input type="checkbox"/> Delete 5632 S.W. 19TH STREET WEST HOLLYWOOD FL
TITLE	T JONES, ADDIE <input type="checkbox"/> Delete 5632 FLAGER ST HOLLYWOOD FL 33023
TITLE	D MONTFORD, JOHN <input type="checkbox"/> Delete 2241 N.W. 188TH TERRACE MIAMI FL
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000256734
STREET ADDRESS	03/09/05-80025-018 70.00
CITY-ST-ZIP	
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	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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      2-23-2005      305 696-3494

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #