

ANNUAL REPORT (AK)



FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # 712321 <small>1. Entity Name</small>	
NEW JERUSALEM MISSIONARY BAPTIST CHURCH INC. OF WEST HOLLYWOOD	
<small>Principal Place of Business</small> 5541 SW 21 ST. P.O. BOX 3724 HOLLYWOOD FL 33023	<small>Mailing Address</small> 5541 SW 21 ST. P.O. BOX 3724 WEST HOLLYWOOD 33083-3724
<small>2. Principal Place of Business - No P.O. Box #</small>	<small>3. Mailing Address</small>
<small>Suite, Apt. #, etc.</small>	<small>Suite, Apt. #, etc.</small>
<small>City & State</small>	<small>City & State</small>
<small>Zip</small>	<small>Country</small>



1st MOORE CR2E037 (10/06)

<small>4. FEI Number</small> 59-1707941		<small>Applied For</small> <input type="checkbox"/> Not Applicable
<small>5. Certificate of Status Desired</small> <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent JONES, CHARLES 3070 N.W. 70TH TERR MIAMI FL 33147		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<small>TITLE</small> PD	JONES, CHARLES 3070 N.W. 70TH TERR. MIAMI FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> ST	OPHELIA, MORRISON 3421 S.W. 48 AVE. HOLLYWOOD FL 33023	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> T	NELSON, DOROTHY 5632 S.W. 19TH STREET WEST HOLLYWOOD FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> T	JONES, ADDIE 5632 FLAGER ST HOLLYWOOD FL 33023	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> D	MONTFORD, JOHN 2241 N.W. 188TH TERRACE MIAMI FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> NAME	STREET ADDRESS	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>CITY - ST - ZIP</small>			

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03/29/07-80020-022 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 **3-13-07** **305-696-3494**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #