
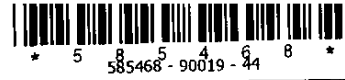


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90019 044 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 765008 ✓		
1. Corporation Name NEW JERUSALEM MISSIONARY BAPTIST CHURCH OF FORT LAUDERDALE, INC.		
Principal Place of Business	Mailing Address	
FORT LAUDERDALE, INC. 1107 NW 29TH AVE FT. LAUDERDALE FL 33311-5623	FORT LAUDERDALE, INC. 1107 NW 29TH AVE FT. LAUDERDALE FL 33311-5623	



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
1	26	09/15/1982
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
2	27	65-0201899
City & State	City & State	Applied For
3	28	Not Applicable
Zip	Zip	5. Certificate of Status Desired
4	29	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Country	Country	6. Election Campaign Financing Trust Fund Contribution
25	30	<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
POOLE, DAVID C. 2781 N.W. 24TH ST. FT. LAUDERDALE FL 33311	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: Rev David C. Poole (NOTE: Registered Agent signature required when reinstating) DATE: 7/1/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD POOLE, DAVID C. 2781 NW 24TH ST. FT. LAUDERDALE FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VT COX, JAMES A 1791 NW 34TH AVE FT. LAUDERDALE FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D MYRICK, FREDDIE, L 1625 NW 17 LANE FT. LAUDERDALE FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SD WRIGHT, ALICE 2108 N.W. 8TH ST. FT. LAUDERDALE FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 with all other like empowered.

SIGNATURE: Rev David C. Poole **REQUIRED** DATE: 7/1/99 DAYTIME PHONE #: 739-0741

CR2E037 (5/99)