


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90018 006 ****61.25

DOCUMENT # 765008

1. Entity Name
NEW JERUSALEM MISSIONARY BAPTIST CHURCH OF FORT LAUDERDALE, INC.



Principal Place of Business
**FORT LAUDERDALE, INC.
 1107 NW 29TH AVE
 FT. LAUDERDALE, FL 33311-5623**

Mailing Address
**FORT LAUDERDALE, INC.
 1107 NW 29TH AVE
 FT. LAUDERDALE, FL 33311-5623**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country



03312008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0201899

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
POOLE, DAVID C. 2781 N.W. 24TH ST. FT. LAUDERDALE, FL 33311		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 *Rev David C. Poole* DATE 4/12/08

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

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	POOLE, DAVID C.			NAME	<i>Davis, Sylvester</i>		
STREET ADDRESS	2781 NW 24TH ST.			STREET ADDRESS	<i>1100 Wyoming Ave.</i>		
CITY-ST-ZIP	FT. LAUDERDALE, FL			CITY-ST-ZIP	<i>Ft Lauderdale, FL 33312</i>		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MYRICK, LENA W			NAME			
STREET ADDRESS	4210 SW 3RD ST			STREET ADDRESS			
CITY-ST-ZIP	PLANTATION, FL 33317			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WRIGHT, LOUISE			NAME			
STREET ADDRESS	610 NW 35 TERR			STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<i>Davis,</i>			NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Rev David C. Poole* DATE 4/12/08 DAYTIME PHONE # 954-739-0741

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR