

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jun 02, 2009
Secretary of State**

DOCUMENT# 765008

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

Current Principal Place of Business:

FORT LAUDERDALE, INC.
1107 NW 29TH AVE
FT. LAUDERDALE, FL 333115623

New Principal Place of Business:

Current Mailing Address:

FORT LAUDERDALE, INC.
1107 NW 29TH AVE
FT. LAUDERDALE, FL 333115623

New Mailing Address:

FEI Number: 65-0201899 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

POOLE, DAVID C.
2781 N.W. 24TH ST.
FT. LAUDERDALE, FL 33311 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SYLVESTER, DAVIS
Address: 1100 WYOMING AVE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: D () Delete
Name: MYRICK, LENA W
Address: 4210 SW 3RD ST
City-St-Zip: PLANTATION, FL 33317

Title: SD () Delete
Name: WRIGHT, LOUISE
Address: 610 NW 35 TERR
City-St-Zip: FORT LAUDERDALE, FL 33311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID C. POOLE

RA

06/02/2009

Electronic Signature of Signing Officer or Director

_____ Date