

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**

96 AUG 30 AM 11:41

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # 770180 (8)**

1. Corporation Name  
**NEW JERUSALEM BAPTIST CHURCH, INC. OF POMPANO BEACH**

Principal Place of Business Mailing Address  
**1881 N.W. 9TH ST. 1881 N.W. 9TH ST.**  
**POMPANO BEACH FL 33069-2413 POMPANO BEACH FL 33069-2413**

3. Date Incorporated or Qualified **09/09/1983** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		<b>NOT APPLICABLE</b>		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28					
24	25	29	30				
Zip	Country	Zip	Country				



9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent						
<b>MCCOY, CORNELL R REV.</b> <b>4111 N.E. 4TH TERR.</b> <b>POMPANO BEACH FL 33064</b>				81	Name			<b>FL</b>	85	Zip Code
				82	Street Address (P.O. Box Number Not Acceptable)				<b>33060</b>	
				83	City					
				84	City					

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 John C. Sheppard DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCCOY, CORNELL R REV</b>	1.2 NAME	
STREET ADDRESS	<b>4111 N.E. 4TH TERR.</b>	1.3 STREET ADDRESS	<b>200001942452</b>
CITY-ST-ZIP	<b>POMPANO BCH FL 33064</b>	1.4 CITY-ST-ZIP	<b>-09/09/96--01020--041</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LATHAM, FLORA M.</b>	2.2 NAME	
STREET ADDRESS	<b>1620 NW 17TH PL</b>	2.3 STREET ADDRESS	<b>*****70.60 *****70.60</b>
CITY-ST-ZIP	<b>POMPANO BCH. FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HALL, FREDDIE R</b>	3.2 NAME	
STREET ADDRESS	<b>1280 N.E. 25TH CT.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO BCH FL 33064</b>	3.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PITTS, LILLIAN</b>	4.2 NAME	
STREET ADDRESS	<b>741 N.W. 17 CT.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Sheppard John C</b>	5.2 NAME	
STREET ADDRESS	<b>757 NW 15th Ct.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Pompa, Bch FL 33060</b>	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	<b>989-96</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: [Signature] DATE: **9-8-96** DAYTIME PHONE #: **974-6090**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/96)