

**2000 UNIFORM BUSINESS REPORT (UBR)**

8/31/00-90005-026-\$61.25-\$61.25

**DOCUMENT # 770180**

1. Entity Name

**NEW JERUSALEM BAPTIST CHURCH, INC. OF POMPANO BE**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP 25 AM 7:39

Principal Place of Business

Mailing Address

1881 N.W. 9TH ST.  
POMPANO BEACH FL 33069-2413

1881 N.W. 9TH ST.  
POMPANO BEACH FL 33069-2413

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHEPPARD, JOHN C**  
757 N.W. 15TH CT.  
POMPANO BEACH FL 33060

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.

SIGNATURE

*Jimmy Deacon*  
Signature: Typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>FITZ, JIMMY DEACON</b>	
STREET ADDRESS	<b>3821 S.W. 10 ST.</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33312</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LATHAM, FLORA</b>	
STREET ADDRESS	<b>1516 NW 7TH TERRACE</b>	
CITY-ST-ZIP	<b>POMPANO BCH. FL 33060</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FRITZ, LE BARON</b>	
STREET ADDRESS	<b>3821 S.W. 10 ST</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33312</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>PITTS, LILLIAN</b>	
STREET ADDRESS	<b>741 N.W. 17 CT.</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33060</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>SHEPPARD, JOHN C</b>	
STREET ADDRESS	<b>757 N.W. 15TH CT.</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33060</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SHEPPARD, AUDREY</b>	
STREET ADDRESS	<b>757 N.W. 15TH CT.</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33060</b>	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jimmy Deacon*

Date

Daytime Phone #

**KE**

CR2E037 (9/99)