


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # 770180


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



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**

DO NOT WRITE IN THIS SPACE



04252005 No Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE Applied For
 Not Applicable

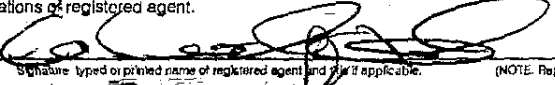
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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:  DATE: **4-24-05**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

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


10. OFFICERS AND DIRECTORS

TITLE	T
NAME	FITZ, JIMMY A
STREET ADDRESS	3821 S.W. 10 ST.
CITY-ST-ZIP	FT. LAUDERDALE, FL 33312
TITLE	D
NAME	LATHAM, FLORA
STREET ADDRESS	1516 NW 7TH TERRACE
CITY-ST-ZIP	POMPANO BCH., FL 33060
TITLE	D
NAME	PITTS, LILLIAN
STREET ADDRESS	741 N.W. 17 CT.
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	T
NAME	SHEPPARD, JOHN C
STREET ADDRESS	757 N.W. 15TH CT.
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	T
NAME	SHEPPARD, AUDREY
STREET ADDRESS	757 N.W. 15TH CT.
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	P
NAME	FITZ, LEBARON
STREET ADDRESS	12270 NW 29TH PLACE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33323

100000346248
04/30/05-80068-011 61.25

DO NOT WRITE IN THIS SPACE

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:  DATE: **4-24-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #