

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

0067257

04-30-2003 90009 004 \*\*\*\*61.25

**DOCUMENT # N01000002106**

1. Entity Name

**NEW JORDAN MISSIONARY BAPTIST CHURCH, INC.**



Principal Place of Business

**45 KEITH COURT  
GRETNA FL 32332**

Mailing Address

**7489 HAVANA HIGHWAY  
HAVANA FL 32333**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

**SAILOR, JAMES A  
7489 HAVANA HWY.  
HAVANA FL 32333**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ 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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GREENE, CURTIS</b>	
STREET ADDRESS	<b>303 MARTIN L. KING BLVD.</b>	
CITY-ST-ZIP	<b>GRETNA FL 32332</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SAILOR, DAVID P.O. BO</b>	
STREET ADDRESS	<b>P.O. BOX 363</b>	
CITY-ST-ZIP	<b>GRETNA FL 32332</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HAMILTON, CORRINE</b>	
STREET ADDRESS	<b>803 2ND ST.</b>	
CITY-ST-ZIP	<b>QUINCY FL 32351</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<i>Melvin J. Sailor</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>P.O. Box 839</i>	
CITY-ST-ZIP	<i>Gretna, FL 32332</i>	
TITLE	<i>Kerry Harris</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>73 Dewey House Rd. Quincy Fla</i>	
CITY-ST-ZIP	<i>32351</i>	
TITLE	<i>Ann Marie Hobbs</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>659 Dewey Johnson Way</i>	
CITY-ST-ZIP	<i>Gretna, FL 32332</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *James A Sailor* 4.29.03 850 539-1942

CR2E037 (10/02)