

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000003151

1. Entity Name

NEW JERUSALEM MISSIONARY BAPTIST CHURCH OF WEST PALM BEACH FLORIDA, INC.

Principal Place of Business

Mailing Address

1022 18 STREET
WEST PALM BEACH FL 33407

1022 18 STREET
WEST PALM BEACH FL 33407

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILTON, JOHNNY
1022 18 STREET
WEST PALM BEACH FL 33407

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

Johnny C. Milton
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

03-18-03

DATE

After September 13, 2002,
min. will be \$236.25.

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	TALTON, ISIAH	1022 18 STREET	WEST PALM BEACH FL 33407	<input type="checkbox"/>
TD	HARRIS, GENEVA	1022 18 STREET	WEST PALM BEACH FL 33407	<input type="checkbox"/>
SD	MILTON, JOHNNY	1022 18 STREET	WEST PALM BEACH FL 33407	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		400013637834	03/07/03--01008--002 **\$61.25	<input type="checkbox"/>	<input type="checkbox"/>
		400013637834	03/25/03--01070--001 **\$175.00	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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*

10-3-02 561-832-8506

FILED

03 MAR 26 AM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 02-03
DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 Not Applicable

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

0010315

CR2E037 (4/02)