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**Mar 25, 1999 8:00 am**  
**Secretary of State**

03-25-1999 90024 018 \*\*\*\*61.25

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NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N02408**

1. Corporation Name

**NEW JERUSALEM MISSIONARY BAPTIST CHURCH OF HOLLYWOOD, INC.**

Principal Place of Business  
 2254 DOUGLAS ST.  
 HOLLYWOOD FL 33020

Mailing Address  
 2254 DOUGLAS ST.  
 HOLLYWOOD FL 33020



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/06/1984

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
 59-2405072

Applied For  
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCCRAY, JAKE**  
 742 S.W. 4TH ST.  
 DANIA FL 33004

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  DELETE  
 NAME MCCRAY, JAKE  
 STREET ADDRESS 742 S.W. 4TH ST.  
 CITY-ST-ZIP DANIA FL 33004

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE VT  DELETE  
 NAME PERRY, BOB  
 STREET ADDRESS 3601 N.W. 44 AVE.  
 CITY-ST-ZIP FT. LAUDERDALE FL 33319

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE S  DELETE  
 NAME ALLEN, OCTAVIA  
 STREET ADDRESS 2306 GREENE ST  
 CITY-ST-ZIP HOLLYWOOD FL

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE D  DELETE  
 NAME PARRISH, JERMOE  
 STREET ADDRESS 5734 FLAGLER ST.  
 CITY-ST-ZIP HOLLYWOOD FL 33023

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE D  DELETE  
 NAME WILLIAMS, OPHELIA  
 STREET ADDRESS 2350 DOUGLAS ST.  
 CITY-ST-ZIP HOLLYWOOD FL 33020

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE C  DELETE  
 NAME SMITH, EDDIE  
 STREET ADDRESS 725 S.W. 2ND AVENUE  
 CITY-ST-ZIP DANIA FL 33004

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: *Jake McCray*

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

3-3-99 954-920-9728

Date

Daytime Phone #

CR2E037 (11/98)