

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90091 024 \*\*\*\*61.25

**DOCUMENT # N02408**

1. Entity Name

**NEW JERUSALEM MISSIONARY BAPTIST CHURCH OF HOLLY**

Principal Place of Business

2254 DOUGLAS ST.  
 HOLLYWOOD FL 33020

Mailing Address

2254 DOUGLAS ST.  
 HOLLYWOOD FL 33020-1426

2. Principal Place of Business

2254 DOUGLAS ST HOLLYWOOD FL  
 33020

3. Mailing Address

2254 DOUGLAS ST HOLLYWOOD FL  
 33020

Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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City & State

Hollywood FL.

City & State

Hollywood FL.

4. FEI Number

59-2405072

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

Zip

33020

Country

U.S.A.

Zip

33020

Country

U.S.A.

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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.

N/A

SIGNATURE

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

(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  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	PD	MCCRAY, JAKE	742 S.W. 4TH ST. DANIA FL 33004	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	VT	PERRY, BOB	3601 N.W. 44 AVE. FT. LAUDERDALE FL 33319	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	S	ALLEN, OCTAVIA	2306 GREENE ST HOLLYWOOD FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	PARRISH, JERMOE	5734 FLAGLER ST. HOLLYWOOD FL 33023	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	WILLIAMS, OPHELIA	2350 DOUGLAS ST. HOLLYWOOD FL 33020	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	C	SMITH, EDDIE	725 S.W. 2ND AVENUE DANIA FL 33004	<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:** X

*J. P. McFARLAND*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2P-037 (9/99)