

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2001 8:00 am
Secretary of State

09-18-2001 90005 012 ****61.25

DOCUMENT # N02408

1. Entity Name

NEW JERUSALEM FIRST MISSIONARY BAPTIST CHURCH, I

Principal Place of Business

Mailing Address

**2254 DOUGLAS ST.
 HOLLYWOOD FL 33020**

**2254 DOUGLAS ST.
 HOLLYWOOD FL 33020**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2405072

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

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

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.

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
 After September 12, 2001, 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

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|----------------------------|------------------------------------|---|---|
| TITLE | PD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCCRAY, JAKE | NAME | |
| STREET ADDRESS | 742 S.W. 4TH ST. | STREET ADDRESS | |
| CITY-ST-ZIP | DANIA FL 33004 | CITY-ST-ZIP | |
| TITLE | VT <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PERRY, BOB | NAME | |
| STREET ADDRESS | 3601 N.W. 44 AVE. | STREET ADDRESS | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33319 | CITY-ST-ZIP | |
| TITLE | S <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ALLEN, OCTAVIA | NAME | |
| STREET ADDRESS | 2306 GREENE ST | STREET ADDRESS | |
| CITY-ST-ZIP | HOLLYWOOD FL | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PARRISH, JERMOE | NAME | |
| STREET ADDRESS | 5734 FLAGLER ST. | STREET ADDRESS | |
| CITY-ST-ZIP | HOLLYWOOD FL 33023 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILLIAMS, OPHELIA | NAME | |
| STREET ADDRESS | 2350 DOUGLAS ST. | STREET ADDRESS | |
| CITY-ST-ZIP | HOLLYWOOD FL 33020 | CITY-ST-ZIP | |
| TITLE | C <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SMITH, EDDIE | NAME | |
| STREET ADDRESS | 725 S.W. 2ND AVENUE | STREET ADDRESS | |
| CITY-ST-ZIP | DANIA FL 33004 | 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: *[Signature]*

9-4-01 (954) 922-6098

CR2E037 (5/01)