

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90211 024 \*\*\*\*61.25

**DOCUMENT # N02408**

1. Entity Name

**NEW JERUSALEM FIRST MISSIONARY BAPTIST CHURCH, I NC.**

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



DO NOT WRITE IN THIS SPACE

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**

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

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

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

TITLE: VT  
 NAME: Ray C. Shelton, Sr.  
 STREET ADDRESS: 3011 N.W. 43<sup>rd</sup> Terrace  
 CITY-ST-ZIP: Lauderdale Lakes, Florida 33313  Change  Addition

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

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

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

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

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

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

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

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

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*

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

Date

Daytime Phone #

CR2E037 (9/01)