


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 15, 2004 8:00 am
Secretary of State

09-15-2004 90001 044 ****61.25

DOCUMENT # N02408

1. Entity Name
NEW JERUSALEM FIRST MISSIONARY BAPTIST CHURCH, INC.



Principal Place of Business
**2254 DOUGLAS ST.
 HOLLYWOOD, FL 33020**

Mailing Address
**2254 DOUGLAS ST.
 HOLLYWOOD, FL 33020**

54072907



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

09022004 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
59-2405072

Applied For
 Not Applicable

Zip Country Zip Country

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCCRAY, JAKE	
STREET ADDRESS	742 S.W. 4TH ST.	
CITY-ST-ZIP	DANIA, FL 33004	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	SHELTON, RAY C SR.	
STREET ADDRESS	3011 N.W. 43RD TERRACE	
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33313	
TITLE	S	<input type="checkbox"/> Delete
NAME	ALLEN, OCTAVIA	
STREET ADDRESS	2306 GREENE ST	
CITY-ST-ZIP	HOLLYWOOD, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARRISH, JERMOE	
STREET ADDRESS	5734 FLAGLER ST.	
CITY-ST-ZIP	HOLLYWOOD, FL 33023	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, OPHELIA	
STREET ADDRESS	2350 DOUGLAS ST.	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	
TITLE	C	<input type="checkbox"/> Delete
NAME	SMITH, EDDIE	
STREET ADDRESS	725 S.W. 2ND AVENUE	
CITY-ST-ZIP	DANIA, FL 33004	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ann Mueley	
STREET ADDRESS	2531 Raleigh St	
CITY-ST-ZIP	Hollywood, FL 33020	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Octavia Allen 9/15/04 (954) 932-6098
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #