


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90230 010 ****61.25

DOCUMENT # N02408

1. Entity Name
NEW JERUSALEM FIRST MISSIONARY BAPTIST CHURCH, I NC.



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

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



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

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
**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)

FILE NOW: FEE IS \$61.25

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	<input type="checkbox"/> Delete MCCRAY, JAKE 742 S.W. 4TH ST. DANIA FL 33004	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VT	<input type="checkbox"/> Delete SHELTON, RAY C SR. 3011 N.W. 43RD TERRACE LAUDERDALE LAKES FL 33313	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S	<input type="checkbox"/> Delete ALLEN, OCTAVIA 2306 GREENE ST HOLLYWOOD FL	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	<input type="checkbox"/> Delete PARRISH, JERMOE 5734 FLAGLER ST. HOLLYWOOD FL 33023	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	<input type="checkbox"/> Delete WILLIAMS, OPHELIA 2350 DOUGLAS ST. HOLLYWOOD FL 33020	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE C	<input type="checkbox"/> Delete SMITH, EDDIE 725 S.W. 2ND AVENUE DANIA FL 33004	TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: **SICKOKE REQUIRED** *1/8/03* (954) 922-6098
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)