


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2008 8:00 am
Secretary of State

07-15-2008 90061 037 ****61.25

DOCUMENT # N04000009463	
1. Entity Name NEW JERUSALEM MISSIONARY BAPTIST CHURCH OF OCALA, INC.	

Principal Place of Business 9010 SW 34TH PL OCALA, FL 34481	Mailing Address 9010 SW 34TH PL OCALA, FL 34481
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07032008 No Chg-NP CR2E037 (4/06)

4. FEI Number 00-2512052	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAINS, TIM D
 125 NE 1ST AVE STE 1
 OCALA, FL 34470

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25
Due by September 12, 2008

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLUNT, OGEAN 10650 NW HWY 318 REDDICK, FL 32686
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, LEON 2970 SW 115TH AVE. OCALA, FL 34481
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARTER, C.R. FREDERICK GARMON 6647 NW 61TH ST. 401 NW 19TH CT. OCALA FL 34474 OCALA FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELLAMY, ELTON B 4898 SW 80TH AVE OCALA, FL 34481
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIER, CLIFFORD SR. 6198 SW 80TH AVE OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LARRY WILEY 9010 SW 34TH PL OCALA FL 34481

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Dee Blunt (Dec) _____ Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR