2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009463

FILED Jul 08, 2009 Secretary of State

Entity Name: NEW JERUSALEM MISSIONARY BAPTIST CHURCH OF OCALA, INC.

Current P	rincipal Place of Business:	New Principal Place of Business:
9010 SW (OCALA, F		
Current N	failing Address:	New Mailing Address:
9010 SW (OCALA, F		
n accordan	: 11-3813061 FEI Number Applied For() nce with s. 607.193(2)(b), F.S., the corporation did no d Address of Current Registered Agent:	FEI Number Not Applicable () Certificate of Status Desired (X) treceive the prior notice. Name and Address of New Registered Agent:
HAINS, TII 125 NE 19 OCALA, F	ST AVE STE 1	JONES, ANGELA 9010 SW 34TH PL OCALA, FL 34481 US
	e named entity submits this statement for the $\mathfrak p$ e of Florida.	ourpose of changing its registered office or registered agent, or both
SIGNATUI	RE: ANGELA JONES	07/08/2009
	Electronic Signature of Registered Age	ent Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO
Title: Name: Address: City-St-Zip:	D () Delete BLUNT, OGEAN 10650 NW HWY 318 REDDICK, FL 32686	Title: () Change () Addition Name: Address: City-St-Zip:
Fitle: Name: Address: City-St-Zip:	D () Delete SMITH, LEON 2970 SW 115TH AVE. OCALA, FL 34481	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D () Delete GARMON, FREDDIE 6647 NW 61TH ST. OCALA, FL 34482	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D () Delete BELLAMY, ELTON B 4898 SW 80TH AVE OCALA, FL 34481	Title: D (X) Change () Addition Name: DEXTER, ROBERTS Address: 1731 SW 3RD ST City-St-Zip: OCALA, FL 34474
Title: Name: Address: City-St-Zip:	D () Delete GRIER, CLIFFORD SR. 6198 SW 80TH AVE OCALA, FL 34482	Title: () Change () Addition Name: Address: City-St-Zip:
Γitle: Name:	D () Delete WILEY, LARRY 9010 SW 34TH PL	Title: () Change () Addition Name: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLIFFORD GRIER D 07/08/2009