FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1. Corporation Name (8)										
NEW JERUSALEM MISSIONARY BAPTIST CHURCH, INC.										
			D 1101	01101101111 111	.			! 163 (1181 618 13)() 186() 86() 82() 83()		. 1
Principal Dice	o of Business		4.4-11							
Principal Place of Business Mailing Address										27.70.07.07.1
35 ANGLE ST 35 ANGLE ST CHATTAHOOCHEE FL 32324 CHATTAHOOCHEE FL 32324				224			3. Date Incorporated or Qualified			
OMITATION OF TENEDOUNCE FE)24			03/11/1997		
								4. FEI Number 3/48 065		Applied For
2. Principal Place of Business				2a. Mailing Address					Hot Applicable	
21			26					5. Certificate of Status Desired		5 Additional Required
Suite, Apt. #, etc.				Suite, Apt. #, etc.			6. Election Campaign Financing		0 May Be	
22				27			Trust Fund Contribution	Addec	d to Fees	
City & State				28 Chattahooches				7. Is this nonprofit corporation a homeowners association?		
Zip	Zip Country		Zip Zip			Country		8. This corporation owes or has paid the current year Intangible		
24		25	29	32324	30	USA		Personal Property Tax due June 30.	Yes	110
9. Name and Address of Current Registered Agent								10. Name and Address of New Regist	ered Agent	
						81 Name				
LINDSEY, S. CHARLES						82 Street Address (P.O. Box Number is Not Acceptable)				
35 ANGLE ST CHATTAHOOCHEE FL 32324					-					
CHAITA	AHOOCHEE	FL 32324				83				
					Ī	84 City FL 85 Zip Code			ip Code	
11. Pursuant	to the provis	ions of Sections 617 050	12 and 617	1508 Florida Stati	ites the ah	nove-named	corno			n ite registered
office or i	regi ste red ag	ent, or both, in the State th, and accept the oblig	of Florida.	Such change was	authorized	by the cor	poratio	oration submits this statement for the purpoint's board of directors. I hereby accept the	appointment	as registered
SIGNATURE			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		To Take	-100.				
Signature, typed or printed name of registered agent and title If applicable. (NOTE: Re						legistered Agent signature required when reinstating) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
12.	Thu of a		ID DIRECTI	DELETE		13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS	Chang	
NAME	٠.	,		_	1.2 NA			IRGINIA JACKSON		o La rodillon
STREET ADORESS	35 Anger St		107 P) Z C	105C1)		1.3 STREET ADDRESS		II MEDENALD AV		
CITY-ST-ZIP	Charlaherelve		11	116 32324				Lattahoochus, FL	•	.4
TITLE	TRUSTER		<u> </u>	☐ DELETE		2.1 TITLE		untie ,	☐ Chang	e Addition
NAME			ن			2.2 NAME		PENEVA MANUEL		
STREET ADDRESS			5 2	2. 23.7.3.		2.3 STREET ADDRESS		RAH BOX 1480	30 3 C	1. .
CITY-ST-ZIP	C/ 147	TAK COCHOB	, / (32321		TY-ST-ZIP	(mattakeochow, tol	3232	
TITLE	TRU	UNIVO C		DELETE	3.1 717				☐ Chang	e L Addition
NAME	30%	MC DAVIS			3.2 NA					
STREET ADDRESS	151	Box 15 0 these	4	2227Y		REET ADDRESS				
CITY-ST-ZIP TITLE		WYNOR ZINE Z	1	52529 DELETE	3.4. CI 4.1 TIT	TY-\$T-ZIP	1		☐ Chanp	e Addition
NAME					4. 2 NA					
STREET ADDRESS						REET ADDRESS				
CITY-ST-ZIP						Y-ST-ZIP				
TITLE				☐ DELETE	5.1 TIT	~-~	1		Change	e Addition
NAME					5.2 NA	ME				
STREET ADDRESS					5.3 STF	REET ADDRESS				
CITY-ST-ZIP					5.4 CIT	Y-ST-ZIP				
TITLE				DELETE	6.1 TIT	LE			Changi	e Addition
NAME					6.2 NAI	ME				
STREET ADDRESS					6.3 STF	REET ADDRESS				

CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or off an attactment with an address.