

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N97000001485**

**FILED**  
**Mar 31, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90040 024 \*\*\*\*70.00

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

<b>Principal Place of Business</b> 35 ANGLE ST CHATTAHOOCHEE FL 32324	<b>Mailing Address</b> P.O. BOX 793 CHATTAHOOCHEE FL 32324-0793 US
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

City & State	City & State	<b>4. FEI Number</b> 59-3148065	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country
		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**  
**LINDSEY, S. CHARLES**  
**35 ANGLE ST**  
**CHATTAHOOCHEE FL 32324**

**7. Name and Address of New Registered Agent**  
**Name** VIRGINIA JACKSON  
**Street Address (P.O. Box Number is Not Acceptable)**  
 211 MCDONALD AVE  
**City** CHATTAHOOCHEE **FL** **Zip Code** 32324

**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.**

**SIGNATURE** *S. Charles Lindsey* **3-28-00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

**FILE NOW:  
 FEE IS \$61.25**

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

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
T NAME MANUEL, GENEVA STREET ADDRESS RT 1 BOX 1480 CITY-ST-ZIP CHATTAHOOCHEE FL 32324	<input type="checkbox"/> Delete	T NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T NAME DAVIS, LORINE STREET ADDRESS RT 1 BOX 1502 CITY-ST-ZIP CHATTAHOOCHEE FL 32324	<input type="checkbox"/> Delete	T NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T NAME ALLEN, FRANCIS STREET ADDRESS RT 1 BOX 1452 CITY-ST-ZIP CHATTAHOOCHEE FL 32324	<input type="checkbox"/> Delete	T NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T NAME LINDSEN, S CHARLES STREET ADDRESS 35 ANGLE ST CITY-ST-ZIP CHATTAHOOCHEE FL 32324	<input type="checkbox"/> Delete	T NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T NAME JACKSON, VIRGINIA STREET ADDRESS 211 MCDONALD AVE CITY-ST-ZIP CHATTAHOOCHEE FL 32324	<input type="checkbox"/> Delete	T NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	T NAME STREET ADDRESS CITY-ST-ZIP	<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:** *S. CHARLES LINDSEY* **3-28-00** **663 9464**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)