

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

0061571

DOCUMENT # N97000001485

1. Entity Name

NEW JERUSALEM MISSIONARY BAPTIST CHURCH, INC.

01-30-2002 90016 050 ****61.25

Principal Place of Business

Mailing Address

157 GRANT ST
 CHATTAHOOCHEE FL 32324

P.O. BOX 793
 CHATTAHOOCHEE FL 32324
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3148065

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, LORINE
415 WEST RIVER ROAD
CHATTAHOOCHEE FL 32324

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.

SIGNATURE _____

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

TITLE	T	<input type="checkbox"/> Delete
NAME	MANUEL, GENEVA	
STREET ADDRESS	192 GRANT ST	
CITY-ST-ZIP	CHATTAHOOCHEE FL 32324	
TITLE	T	<input type="checkbox"/> Delete
NAME	DAVIS, LORINE	
STREET ADDRESS	415 WEST RIVER RD	
CITY-ST-ZIP	CHATTAHOOCHEE FL 32324	
TITLE	T	<input type="checkbox"/> Delete
NAME	ALLEN, FRANCIS	
STREET ADDRESS	194 JONES ST	
CITY-ST-ZIP	CHATTAHOOCHEE FL 32324	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LINDSEN, S CHARLES	
STREET ADDRESS	35 ANGLE ST	
CITY-ST-ZIP	CHATTAHOOCHEE FL 32324	
TITLE	T	<input type="checkbox"/> Delete
NAME	JACKSON, VIRGINIA	
STREET ADDRESS	211 MCDONALD AVE	
CITY-ST-ZIP	CHATTAHOOCHEE FL 32324	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Lorine Davis* / **Lorine DAVIS** / 1/15/02 / 850-663-4463
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #

CR2E037 (9/01)