


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000001485 1. Entity Name NEW JERUSALEM MISSIONARY BAPTIST CHURCH, INC.	
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Principal Place of Business 157 GRANT ST CHATTAHOOCHEE FL 32324	Mailing Address P.O. BOX 793 CHATTAHOOCHEE FL 32324 US
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MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number 59-3148065	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

DAVIS, LORINE 415 WEST RIVER ROAD CHATTAHOOCHEE FL 32324	
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7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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		

U00000040867
02/09/04-80066-002 61.25

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** **2/6/04 850-663-4463**