2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # N97000001485 Mar 02, 2006 08:00 AN 1. Entity Name **Secretary of State** NEW JERUSALEM MISSIONARY BAPTIST CHURCH, INC. Principal Place of Business Mailing Address 157 GRANT ST P.O. BOX 793 CHATTAHOOCHEE FL 32324 CHATTAHOOCHEE FL 32324 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-3148065 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DAVIS, LORINE Street Address (P.O. Box Number is Not Acceptable) 415 WEST RIVER ROAD CHATTAHOOCHEE FL 32324 City 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 Stanature, 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 Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delele THE ___Change ☐ Addition MANUEL, GENEVA NAME MAME EVIOV 192 GRANT ST STREET ADDRESS STREET ADDRESS CHATTAHOOCHEE FL 32324 CITY-S1-ZIP CITY ST ZIP TITLE ☐ Delete HTLE Change ☐ Addition DAVIS, LORINE NAME NAME 415 WEST RIVER RD STREET ADDRESS STREET AFIDRESS CHATTAHOOCHEE FL 32324 CITY-ST-ZIP CHY-ST-7IP TITLE Delete TITLE Change Addition ALLEN, FRANCIS NAME NAME H0000U4S2944 STREET ADDRESS 194 JONES ST STREET ADDRESS 11 : Evrik AMADO-MAB 61.25 CITY-S1-ZIP CHATTAHOOCHEE FL 32324 CITY - ST-ZIP TITLE Delete TITLE Change Addition Addition JACKSON, VIRGINIA NAME NAME STREET ADDRESS 211 MCDONALD AVE STREET ADDRESS CITY-ST-ZIP CHATTAHOOCHEE FL 32324 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAM NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY - ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

Daylime Priore #

it changed, or on an attachment with an address, with all other like empowered

SIGNATURE: 4