

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

02-12-2007 90104 006 \*\*\*\*61.25

**FILED**

07 JUL 20 AM 9:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*PCS*



1st MOORE CR2E037 (10/06)

<b>DOCUMENT # N97000001485</b> 1. Entity Name <b>NEW JERUSALEM MISSIONARY BAPTIST CHURCH, INC.</b>			
Principal Place of Business 157 GRANT ST CHATTAHOOCHEE FL 32324		Mailing Address P.O. BOX 793 CHATTAHOOCHEE FL 32324 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-3148065</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>Lorine Davis</i>		DAVIS, LORINE 850-663-4463	
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: T NAME: MANUEL, GENEVA STREET ADDRESS: 192 GRANT ST CITY-STATE-ZIP: CHATTAHOOCHEE FL 32324 <input checked="" type="checkbox"/> Delete	TITLE: T NAME: DAVIS, LORINE (secretary) STREET ADDRESS: 415 WEST RIVER RD CITY-STATE-ZIP: CHATTAHOOCHEE FL 32324 <input type="checkbox"/> Delete	TITLE: PRESIDENT NAME: HORACE DAVIS STREET ADDRESS: 415 West River Road CITY-STATE-ZIP: Chattahoochee, Florida 32324 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE: SECRETARY NAME: SECRETARY STREET ADDRESS: CITY-STATE-ZIP: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: ALLEN, FRANCIS STREET ADDRESS: 194 JONES ST CITY-STATE-ZIP: CHATTAHOOCHEE FL 32324 <input type="checkbox"/> Delete	TITLE: T NAME: JACKSON, VIRGINIA STREET ADDRESS: 211 McDONALD AVE CITY-STATE-ZIP: CHATTAHOOCHEE FL 32324 <input type="checkbox"/> Delete	TITLE: VP NAME: ALLEN, FRANCES STREET ADDRESS: CITY-STATE-ZIP: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: DIR NAME: DIR STREET ADDRESS: CITY-STATE-ZIP: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-STATE-ZIP: <input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-STATE-ZIP: <input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: NAME: STREET ADDRESS: CITY-STATE-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 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 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Lorine Davis</i>		DAVIS, LORINE 2/1/07 850-663-4463	

Document corrected per Lorine Davis. PCS