## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000001485

FILED Jan 13, 2009 Secretary of State

Entity Name: NEW JERUSALEM MISSIONARY BAPTIST CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business:

157 GRANT ST

CHATTAHOOCHEE, FL 32324 US

Current Mailing Address: New Mailing Address:

P O BOX 793

CHATTAHOOCHEE, FL 32324 US

FEI Number: 59-3148065 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DAVIS, LORINE DAVIS, LORINE F

415 WEST RIVER ROAD 415 WEST RIVER ROAD

CHATTAHOOCHEE, FL 32324 US CHATTAHOOCHEE, FL 32324 US

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: LORINE F. DAVIS 01/13/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: P (X) Change () Addition

 Name:
 DAVIS, HORACE
 Name:
 DAVIS, HORACE

 Address:
 415 W RIVER RD
 Address:
 415 W RIVER RD

City-St-Zip: CHATTAHOOCHEE, FL 32324 US City-St-Zip: CHATTAHOOCHEE, FL 32324 US

Title: S ( ) Delete Title: S (X) Change ( ) Addition

Name: DAVIS, LORINE Name: DAVIS, LORINE F

Address: 415 W RIVER RD Address: 415 W RIVER RD
City-St-Zip: CHATTAHOOCHEE, FL 32324 US City-St-Zip: CHATTAHOOCHEE, FL 32324 US

Title: V ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 ALLEN, FRANCES
 Name:

 Address:
 194 JONES ST
 Address:

City-St-Zip: CHATTAHOOCHEE, FL 32324 US City-St-Zip:

 $\label{eq:title:P} {\sf Title:} \qquad {\sf P} \qquad (\ ) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad ({\sf X}) \, {\sf Change} \, (\ ) \, {\sf Addition}$ 

 Name:
 JACKSON, VIRGINIA
 Name:
 JACKSON, VIRGINIA

 Address:
 211 MCDONALD AVE
 Address:
 211 MCDONALD AVE

City-St-Zip: CHATTAHOOCHEE, FL 32324 US City-St-Zip: CHATTAHOOCHEE, FL 32324 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORINE F. DAVIS S 01/13/2009