2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004040

1. Entity Name
Jerusalem/Mt. Olive Community Association, Inc.

FILED
00 JUN -2 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2679 South Highway 73 Marianna, Florida 32448	Same

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2679 South Highway 73	Same
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc.
City & State Marianna, Florida	City & State
Zip: 32448 Country: USA	Zip: Country:

4. FEI Number — [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Ephraim Thomas 2679 South Highway 73 Marianna, Florida 32448	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: Thomas L. Ephraim 5/4/00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DT Christine Speights 2006 Highway 73 Marianna, Florida 32448	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition 700003306217--8 -06/27/00--01045--001 *****61.00 *****61.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Shaw Roulhac 3040 Five Point Road Cottondale, Florida 32431	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition 700003306217--8 -06/27/00--01045--002 ******0.25 ******0.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV Isaiah Morgan 2032 Highway 73 Marianna, Florida 32448	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Norma Merritt 2669 Highway 73 Marianna, Florida 32448	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Naomi Merritt 4424 Pandora Road Marianna, Florida 32448	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS Betty J. Maybon 3343 Five Points Road Cottondale, Florida 32431	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition **SP**

CR2E037 (9/99)

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: Norma Merritt Norma Merritt 5/4/00 482-4353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #