

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90206 043 ****70.00

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DOCUMENT # 721292

1. Corporation Name

NEW JERUSALEM BAPTIST CHURCH OF LAKE LAND, FLORID
A, INC.

Principal Place of Business

1125 N. NEW YORK AVE.
P O BOX 953
LAKE LAND FL 33802-7953

Mailing Address

1125 N. NEW YORK AVE.
P O BOX 953
LAKE LAND FL 33802-7953



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/30/1971

4. FEI Number

59-2413394

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SYKES, BARBARA E.
1225 NEWPORT AVE
LAKE LAND FL 33801

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Barbara E. Sykes

2/28/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
SCREEN, HUBERT
STREET ADDRESS 809 WHITEHURST ST.
CITY-ST-ZIP LAKE LAND FL

TITLE ☐ DELETE

NAME V
DOWNING, JIMMIE L.
STREET ADDRESS 1525 WRIGHT DRIVE
CITY-ST-ZIP LAKE LAND FL

TITLE ☐ DELETE

NAME S
SYKES, BARBARA E
STREET ADDRESS 1225 NEWPORT AVENUE
CITY-ST-ZIP LAKE LAND FL

TITLE ☐ DELETE

NAME T
MOORE, ROY
STREET ADDRESS 3411 KATHY CT.
CITY-ST-ZIP LAKE LAND FL

TITLE ☐ DELETE

NAME DC
JOE, ERNEST L JR
STREET ADDRESS 1717 GREENWOOD RD
CITY-ST-ZIP LAKE LAND FL

TITLE ☐ DELETE

NAME T
ENGRAM, EDDIE
STREET ADDRESS 1014 NORTH MADISON AVENUE
CITY-ST-ZIP LAKE LAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Barbara E. Sykes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/99

Date

941 688-4034

Daytime Phone #

CR2E037 (11/98)