

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED  
AND  
FILED**

'95 MAR -3 AM 9:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995  
  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Morham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **745767** (4)  
 1. Corporation Name  
**NEW JERUSALEM PRIMITIVE BAPTIST CHURCH, INC.**

Principal Place of Business Mailing Address  
 2010 NW 36TH STREET MIAMI FL 33142  
 2010 NW 36TH STREET MIAMI FL 33142

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip Country 28 Zip Country  
 24 25 29 30

DO NOT WRITE IN THIS SPACE  
 3. Date Incorporated or Qualified 01/31/1979 3a. Date of Last Report 02/03/1994  
 4. FEI Number 59-1859373 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  
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
 8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**DUKE, KENNETH A.**  
**2000 NW 12 AVENUE**  
**MIAMI FL 33169**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature (hand or printed name of registered agent and the filer) applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	HOWARD, JAMES
STREET ADDRESS	6740 AZALEA DR
CITY-ST-ZIP	MIRAMAR FL
TITLE	D
NAME	WEBB, EMORY
STREET ADDRESS	3260 N.W. 195TH TERR.
CITY-ST-ZIP	MIAMI, FL 00000
TITLE	D
NAME	BROWN, ELMIRA
STREET ADDRESS	1958 NW 4TH COURT
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	GAINES, DORA
STREET ADDRESS	4150 N.W. 10TH AVENUE
CITY-ST-ZIP	MIAMI FL
TITLE	S
NAME	WHITE, UTHA F.
STREET ADDRESS	1840 NW 49 ST.
CITY-ST-ZIP	MIAMI FL
TITLE	PP
NAME	DUKE, KENNETH A.
STREET ADDRESS	20000 NW 12 AVENUE
CITY-ST-ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Webb, Emory	
2.3 STREET ADDRESS	3260 N.W. 195th. TERR.	
2.4 CITY-ST-ZIP	MIAMI, FL.	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Singleton, Juanita	
3.3 STREET ADDRESS	803 N.W. 108th. ST.	
3.4 CITY-ST-ZIP	MIAMI, FL.	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 the report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked, or as an attachment with an address.

SIGNATURE: Utha F. White, Utha F. White (Secretary) 325-634-4441  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date (Indicate Month & Day)