## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 745767

NEW JERUSALEM PRIMITIVE BAPTIST CHURCH, INC.

Principal Place of Business Mailing Address 2010 NW 36TH STREET 2010 NW 36TH STREET MIAMI FL 33142 MIAMI FL 33142-5430 3. Date incorporated or Qualified 3a. Date of Last Report 01/31/1979 02/12/1996 2. Principal Place of Business 28. Mailing Address 4. FEI Number Applied For 59-1859373 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution П Added to Fees Country Zip Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes ☐ Yes ☐ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name DUKE, KENNETH A. 82 Street Address (P.O. Box Number is Not Acceptable) 2000 NW 12 AVENUE 83 MIAMI FL 33169 84 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** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE ☐ Change ra Brown MIAMI, FL. 33/36 NAME HOWARD, JAMES 1.2 NAME 6740 AZALEA DR STREET ADDRESS 1.3 STREET ADDRESS MIRAMAR FL CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE \_\_ DELETE 2.1 TITLE Change Addition NAME WEBB, EMORY 22 NAME 3260 N.W. 195TH TERR. STREET ADDRESS 2.3 STREET ADDRESS **MIAMI, FL 00000** CITY-ST-ZIP 2.4 CITY - ST - ZIP TITLE □ DELETE 3.1 TITLE Change Addition SINGLETON, JUANITA NAME 3.2 NAME 803 NW 108TH STREET STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE TITLE 4.1 TITLE Change Addition GAINES, DORA 4. 2 NAME NAME 4150 N.W. 10TH AVENUE STREET ADDRESS 4.3 STREET ADDRESS MIAMI FL CITY-ST-7IP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE ■ Addition NAME WHITE, UTHA F. 5.2 NAME 1840 NW 49 ST. STREET ADDRESS 5.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE Addition 6.1 TITLE Channe PP NAME DUKE, KENNETH A. 6.2 NAME 20000 NW 12 AVENUE STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. I do 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 ord an afactment with an officers.

SIGNATURE: Utha F White

CITY-ST-ZIP

MIAMI FL

appears in Block 12 or Block 13 if changed, or

**FILED** 

Feb 07 1997 8:00am

Secretary of State