


FILE NOW: FILING FEE IS \$61.25

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Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90082 011 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 745767</b>					
1. Corporation Name <b>NEW JERUSALEM PRIMITIVE BAPTIST CHURCH, INC.</b>					
Principal Place of Business <del>2010 NW 36TH STREET</del> <del>MIAMI FL 33142</del> <b>777 NW 85th St.</b> <b>MIAMI FL 33150-2527</b>			Mailing Address <del>2010 NW 36TH STREET</del> <del>MIAMI FL 33142</del> <b>777 NW 85th St.</b> <b>MIAMI FL 33150-2527</b>		
2. Principal Place of Business 21 <b>777 NW 85th St.</b> Suite, Apt. #, etc. 22 <b>MIAMI FL</b> City & State 23 Zip 24 <b>33150</b> Country 25 <b>USA</b>		2a. Mailing Address 26 <b>777 NW 85th St.</b> Suite, Apt. #, etc. 27 <b>MIAMI FL</b> City & State 28 Zip 29 <b>33150</b> Country 30 <b>USA</b>		3. Date Incorporated or Qualified. <b>01/31/1979</b> 4. FEI Number <b>59-1859373</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>DUKE, KENNETH A.</b> <b>2000 NW 12 AVENUE</b> <b>MIAMI FL 33169</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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: <i>[Signature]</i> DATE: <b>1-13-99</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <b>D</b> <input type="checkbox"/> DELETE NAME <b>HOWARD, JAMES</b> STREET ADDRESS <b>6740 AZALEA DR</b> CITY-ST-ZIP <b>MIRAMAR FL</b>			1.1 TITLE <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME <b>CHAIRMAN TRUSTEE BOARD</b> 1.3 STREET ADDRESS <b>WOODROW CONNER</b> 1.4 CITY-ST-ZIP <b>19451 NW 5th St</b> <b>PEMBROKE PINES FL 33029</b>		
TITLE <b>V</b> <input type="checkbox"/> DELETE NAME <b>WEBB, EMORY</b> STREET ADDRESS <b>3260 N.W. 195TH TERR.</b> CITY-ST-ZIP <b>MIAMI, FL 00000</b>			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE <b>D</b> <input type="checkbox"/> DELETE NAME <b>SINGLETON, JUANITA</b> STREET ADDRESS <b>803 NW 108TH STREET</b> CITY-ST-ZIP <b>MIAMI FL</b>			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <b>D</b> <input type="checkbox"/> DELETE NAME <b>GAINES, DORA</b> STREET ADDRESS <b>4150 N.W. 10TH AVENUE</b> CITY-ST-ZIP <b>MIAMI FL</b>			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <b>S</b> <input type="checkbox"/> DELETE NAME <b>WHITE, UTHA F.</b> STREET ADDRESS <b>1840 NW 49 ST.</b> CITY-ST-ZIP <b>MIAMI FL</b>			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <b>PP</b> <input type="checkbox"/> DELETE NAME <b>DUKE, KENNETH A.</b> STREET ADDRESS <b>20000 NW 12 AVENUE</b> CITY-ST-ZIP <b>MIAMI FL</b>			6.1 TITLE 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: *Woodrow Conner* DATE: **1/6/99** 305-693-8323  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)