

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 08, 2000 8:00 am**  
**Secretary of State**

08-08-2000 90017 036 \*\*\*\*61.25

**DOCUMENT # 745767**

1. Entity Name

**NEW JERUSALEM PRIMITIVE BAPTIST CHURCH, INC.**



Principal Place of Business

777 NW 85TH STREET  
 MIAMI FL 33150

Mailing Address

777 NW 85TH STREET  
 MIAMI FL 33150

RU011001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1859373**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**DUKE, KENNETH A.**  
**2000 NW 12 AVENUE**  
**MIAMI FL 33169**

7. Name and Address of New Registered Agent

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

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**  
**After September 13, 2000 min. will be \$236.25**

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	<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>	
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>	
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>	
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>	
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>	
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>	

TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WOODROW CONNER</b>	
STREET ADDRESS	<b>19451 NW 5TH ST.</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33029</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)