

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State

0040809

DOCUMENT # 745767

03-21-2001 90066 013 ****61.25

1. Entity Name

NEW JERUSALEM PRIMITIVE BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

**777 NW 85TH STREET
 MIAMI FL 33150**

**777 NW 85TH STREET
 MIAMI FL 33150**

60021233



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

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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**

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: Delete
 NAME: **D HOWARD, JAMES**
 STREET ADDRESS: **6740 AZALEA DR**
 CITY-ST-ZIP: **MIRAMAR FL**

TITLE: Change Addition
 NAME: **D WOODROW CONNER**
 STREET ADDRESS: **19451 NW 5TH ST.**
 CITY-ST-ZIP: **PENNSBORO PINES FL 33029**

TITLE: Delete
 NAME: **V WEBB, EMORY**
 STREET ADDRESS: **3260 N.W. 195TH TERR.**
 CITY-ST-ZIP: **MIAMI, FL 00000**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME: **D SINGLETON, JUANITA**
 STREET ADDRESS: **803 NW 108TH STREET**
 CITY-ST-ZIP: **MIAMI FL**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME: **D GAINES, DORA**
 STREET ADDRESS: **4150 N.W. 10TH AVENUE**
 CITY-ST-ZIP: **MIAMI FL**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME: **S WHITE, UTHA F.**
 STREET ADDRESS: **1840 NW 49 ST.**
 CITY-ST-ZIP: **MIAMI FL**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME: **PP DUKE, KENNETH A.**
 STREET ADDRESS: **20000 NW 12 AVENUE**
 CITY-ST-ZIP: **MIAMI FL**

TITLE: Change 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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3/18/01**

Daytime Phone #: **305-693-8323**

CR2E037 (10/00)