

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2002 8:00 am**  
**Secretary of State**

02-24-2002 90084 029 \*\*\*\*61.25

**DOCUMENT # 745767**

1. Entity Name

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

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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**  
STREET ADDRESS **HOWARD, JAMES**  
CITY-ST-ZIP **6740 AZALEA DR  
MIRAMAR FL**

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

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

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

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

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

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

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

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

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

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

**1-31-02**

CR2E037 (9/01)