

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90173 033 ****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**

70013300



CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Derek Woodrow Conner Chairman Board of Trustees 1/21/03*
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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	HOWARD, JAMES	
STREET ADDRESS	6740 AZALEA DR	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	WEBB, EMORY	
STREET ADDRESS	3260 N.W. 195TH TERR.	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	SINGLETON, JUANITA	
STREET ADDRESS	803 NW 108TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GAINES, DORA	
STREET ADDRESS	4150 N.W. 10TH AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	WHITE, UTHA F.	
STREET ADDRESS	1840 NW 49 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	PP	<input type="checkbox"/> Delete
NAME	DUKE, KENNETH A.	
STREET ADDRESS	20000 NW 12 AVENUE	
CITY-ST-ZIP	MIAMI FL	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOODROW CONNER	
STREET ADDRESS	19451 NW 5TH ST.	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
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: *Woodrow Conner* **1/22/03 786-318-1940**

CR2E037 (10/02)