2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#765008

FILED Jun 02, 2009 Secretary of State

Entity Nam	ne: NEW JERUSALEM MISSIONARY BAPTIST CHU	JRCH OF FORT LAUDE	ERDALE, INC.
Current Pri	incipal Place of Business:	New Principal Place	of Business:
1107 NW 29	DERDALE, INC. 9TH AVE RDALE, FL 333115623		
Current Ma	ailing Address:	New Mailing Address	3:
1107 NW 29	DERDALE, INC. 9TH AVE RDALE, FL 333115623		
FEI Number: (65-0201899 FEI Number Applied For () FEI Nur e with s. 607.193(2)(b), F.S., the corporation did not receive t	nber Not Applicable() he prior notice.	Certificate of Status Desired ()
Name and	Address of Current Registered Agent:	Name and Address o	f New Registered Agent:
POOLE, DA			
The above i	RDALE, FL 33311 US named entity submits this statement for the purpose o	f changing its registered	d office or registered agent, or both,
The above in the State	RDALE, FL 33311 US named entity submits this statement for the purpose of Florida.	f changing its registered	d office or registered agent, or both,
FT. LAUDE The above i	RDALE, FL 33311 US named entity submits this statement for the purpose of Florida.	f changing its registered	d office or registered agent, or both, Date
The above in the State SIGNATUR	RDALE, FL 33311 US named entity submits this statement for the purpose of Florida. E:		
The above in the State SIGNATUR	RDALE, FL 33311 US named entity submits this statement for the purpose of Florida. E: Electronic Signature of Registered Agent	ADDITIONS/CHANGE	Date
The above r in the State SIGNATUR OFFICERS Title: Name: Address:	RDALE, FL 33311 US named entity submits this statement for the purpose of of Florida. E: Electronic Signature of Registered Agent AND DIRECTORS: D () Delete SYLVESTER, DAVIS 1100 WYOMING AVE	ADDITIONS/CHANGE Title: Name: Address: City-St-Zip:	Date ES TO OFFICERS AND DIRECTORS:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID C. POOLE RA 06/02/2009