


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 12, 2006 8:00 am
Secretary of State

09-12-2006 90009 009 ****61.25

DOCUMENT # 770180	
1. Entity Name	
NEW JERUSALEM BAPTIST CHURCH, INC. OF POMPANO BEACH	

Principal Place of Business	Mailing Address
1881 N.W. 9TH ST. POMPANO BEACH FL 33069-2413	1881 N.W. 9TH ST. POMPANO BEACH FL 33069-2413

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	Applied For
NO-T APPLICABLE	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

2nd MOORE CR2E037 (4/06)



6. Name and Address of Current Registered Agent
SHEPPARD, CALVIN 757 N.W. 15TH CT. POMPANO BEACH FL 33060

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

SIGNATURE  9-1-06
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
Due By September 6, 2006

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	
TITLE	<input type="checkbox"/> Delete
NAME	FITZ, JIMMY A
STREET ADDRESS	3821 S.W. 10 ST.
CITY-ST-ZIP	FT. LAUDERDALE FL 33312
TITLE	<input type="checkbox"/> Delete
NAME	LATHAM, FLORA
STREET ADDRESS	1516 NW 7TH TERRACE
CITY-ST-ZIP	POMPANO BCH. FL 33060
TITLE	<input type="checkbox"/> Delete
NAME	PITTS, LILLIAN
STREET ADDRESS	741 N.W. 17 CT.
CITY-ST-ZIP	POMPANO BEACH FL 33060
TITLE	<input type="checkbox"/> Delete
NAME	SHEPPARD, JOHN C
STREET ADDRESS	757 N.W. 15TH CT.
CITY-ST-ZIP	POMPANO BEACH FL 33060
TITLE	<input type="checkbox"/> Delete
NAME	SHEPPARD, AUDREY
STREET ADDRESS	757 N.W. 15TH CT.
CITY-ST-ZIP	POMPANO BEACH FL 33060
TITLE	<input checked="" type="checkbox"/> Delete
NAME	FITZ, LEBARON
STREET ADDRESS	12270 NW 29TH PLACE
CITY-ST-ZIP	FORT LAUDERDALE FL 33323

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P Fitz, Jimmy A
STREET ADDRESS	3821 S.W. 10 St
CITY-ST-ZIP	Ft Lauderdale FL 33312
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Latham, Flora
STREET ADDRESS	1516 NW 7th Terrace
CITY-ST-ZIP	Pompano Bch, FL 33060
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pitts Lillian
STREET ADDRESS	741 N.W. 17th Ct
CITY-ST-ZIP	Pompano Bch, FL 33060
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sheppard, John C
STREET ADDRESS	757 N.W. 15th Ct
CITY-ST-ZIP	Pompano Bch, FL 33060
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sheppard, Audrey
STREET ADDRESS	757 N.W. 15 Ct
CITY-ST-ZIP	Pompano Bch, FL 33060
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 exemptions contained 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 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:  9-1-06