2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000582

FILED Feb 23, 2009 Secretary of State

Entity Name: OLD JERUSALEM MISSIONARY BAPTIST CHURCH, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	192ND AVENU ILLE, FL 32609				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	192ND AVENUI ILLE, FL 32609				
FEI Number	r: 59-2350826	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:	
909 N.E. 1 GAINESV The above	BEATRICE 192ND AVENUI ILLE, FL 32609 e named entity see of Florida.	9 US	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATU	RE:				
	Electror	nic Signature of Registered A	gent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
			ADDITIONOUTANO	SES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:) Delete A T	Title: Name: Address: City-St-Zip:	() Change () Addition	
Name: Address:	D () DOBY, GENEV 2016 NW 31 ST GAINESVILLE,) Delete A T FL 32605) Delete OLPH D AVENUE	Title: Name: Address:		
Name: Address: City-St-Zip: Title: Name: Address:	D () DOBY, GENEV. 2016 NW 31 S' GAINESVILLE, D () PORTER, RUD 909 N.E. 192NI GAINESVILLE,) Delete A T FL 32605) Delete OLPH D AVENUE FL 32609) Delete TRICE TERRACE	Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition	
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	D () DOBY, GENEV. 2016 NW 31 S' GAINESVILLE, D () PORTER, RUD. 909 N.E. 192NI GAINESVILLE, D () TURNER, BEAT 910 N.E. 22ND GAINESVILLE,) Delete A T FL 32605) Delete OLPH D AVENUE FL 32609) Delete TRICE TERRACE FL 32641) Delete RUTH H TERRACE	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition () Change () Addition	

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: RUTH C. STRAWDER C 02/23/2009