

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000003151

1. Entity Name

NEW JERUSALEM MISSIONARY BAPTIST CHURCH OF WEST
PALM BEACH FLORIDA, INC.

Principal Place of Business

Mailing Address

1022 18 STREET
WEST PALM BEACH FL 33407

1022 18 STREET
WEST PALM BEACH FL 33407

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILTON, JOHNNY
1022 18 STREET
WEST PALM BEACH FL 33407

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 *Johnny C. Milton*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

03-18-03

DATE

After September 13, 2002,
min. will be \$236.25.

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 PD
STREET ADDRESS TALTON, ISIAH
CITY-ST-ZIP 1022 18 STREET
WEST PALM BEACH FL 33407

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 400013637834
CITY-ST-ZIP 03/07/03--01008--002 **\$61.25

TITLE ☐ Delete
NAME TD
STREET ADDRESS HARRIS, GENEVA
CITY-ST-ZIP 1022 18 STREET
WEST PALM BEACH FL 33407

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 400013637834
CITY-ST-ZIP 03/25/03--01070--001 **\$175.00

TITLE ☐ Delete
NAME SD
STREET ADDRESS MILTON, JOHNNY
CITY-ST-ZIP 1022 18 STREET
WEST PALM BEACH FL 33407

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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: *Johnny C. Milton* SIGNATURE REQUIRED

10-3-02 561-832-8506

FILED

03 MAR 26 AM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 02-03

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (4/02)

0010315