

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90041 023 \*\*\*\*61.25

**DOCUMENT # N37468**

1. Entity Name  
**NEW JERUSALEM MINISTRIES, INC.**

Principal Place of Business <b>620 EDGEWATER DR. PENSACOLA FL 32507</b>	Mailing Address <b>P.O BOX 18523 PENSACOLA FL 32523-8523 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.

3. Mailing Address Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

4. FEI Number **NOT APPLICABLE** 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

**FREEMAN, HOWARD C JR.  
1011 W. JORDAN STREET  
PENSACOLA FL 32501**

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.

SIGNATURE \_\_\_\_\_ (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  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>FREEMAN, HOWARD C JR.</b>
STREET ADDRESS	<b>3203 GRANVILLE COURT</b>
CITY-ST-ZIP	<b>NEW BERN NC</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>FREEMAN, RUSSELL J</b>
STREET ADDRESS	<b>100 W. AURDY DRIVE</b>
CITY-ST-ZIP	<b>FT. WALTON BEACH FL</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>WATKINS, BOBBY S</b>
STREET ADDRESS	<b>624 ASHFORD ROAD</b>
CITY-ST-ZIP	<b>CANTONMENT FL 32533</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>WALDEN, CARLTON A.</b>
STREET ADDRESS	<b>702 CHASEVILLE STREET</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Bobby S. Watkins</b>
STREET ADDRESS	<b>2159 Cliffbrook Ave.</b>
CITY-ST-ZIP	<b>PENSACOLA, FL 32526</b>
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: *[Signature]* Date **2/6/2000** (850) 941-8817 Daytime Phone #

CR2E037 (9/99)