FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY 17 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N44209 (7)

1. Corporation Name

JERUSALEM MISSIONARY BAPTIST CHURCH OF TALLAHASSEE, INC.

Principal Place of Business	Mailing Address
2015 LAKE BRADFORD ROAD TALLAHASSEE FL 32310	2015 LAKE BRADFORD ROAD TALLAHASSEE FL 32310

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/08/1991
3a. Date of Last Report: 03/15/1994
4. FEI Number: 59-3080723 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / (27)
City & State (23) / (28)
Zip (24) Country (25) / Zip (29) Country (30)

9. Name and Address of Current Registered Agent

FLOYD, BOOKER
1014 SUNNYSIDE DR
TALLAHASSEE FL 32310

10. Name and Address of New Registered Agent

81 Name: Joseph Wright
82 Street Address (P.O. Box Number is Not Acceptable): 1575 Kelly Run
83
84 City: Tallahassee FL 85 Zip Code: 32301

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Joseph Wright — 5/14/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	1.1 TITLE	Trustee Chairman	☒ Change ☐ Addition
NAME	POOLE, ANTHONY	1.2 NAME	Poole, Anthony	
STREET ADDRESS	6704 TIM TAM TRAIL	1.3 STREET ADDRESS	6704 Tim Tam Trail	
CITY-ST-ZIP	TALLAHASSEE FL 32308	1.4 CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	CT	2.1 TITLE	Trustee	☒ Change ☒ Addition
NAME	HOBBS, CHARLES	2.2 NAME	Ronica Mathis	
STREET ADDRESS	1304 DANIEL STREET	2.3 STREET ADDRESS	2018 Canewood Court, Tallahassee, FL 32303	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP		
TITLE	TS	3.1 TITLE	Trustee	☒ Change ☒ Addition
NAME	JACKSON, MARILYN	3.2 NAME	Pamela McQuinton	
STREET ADDRESS	1866 HOPKINS DR	3.3 STREET ADDRESS	1420 North Meridan #110	
CITY-ST-ZIP	TALLAHASSEE FL 32303	3.4 CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE	T	4.1 TITLE	Trustee	☒ Change ☒ Addition
NAME	HUNTER, CURTIS	4.2 NAME	Emmanuel George	
STREET ADDRESS	1405 MAUDE ST	4.3 STREET ADDRESS	3944 Camino Real	
CITY-ST-ZIP	TALLAHASSEE FL 32310	4.4 CITY-ST-ZIP	Tallahassee, FL 32311	
TITLE	T	5.1 TITLE	Trustee	☒ Change ☒ Addition
NAME	SMITH, WILLIE	5.2 NAME	David Kelly	
STREET ADDRESS	1537 MCLAWRENCE WAY	5.3 STREET ADDRESS	1416 Hernando Drive	
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP	Tallahassee, FL 32304	
TITLE	T	6.1 TITLE	Trustee	☒ Change ☒ Addition
NAME	BANKS, LULA	6.2 NAME	Matthew Gaines	
STREET ADDRESS	705 BANNERMAN RD	6.3 STREET ADDRESS	3009 Wahnish Way	
CITY-ST-ZIP	TALLAHASSEE FL 32312	6.4 CITY-ST-ZIP	Tallahassee, FL 32310	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Anthony Poole — 5-1-95 — 668-3696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0027439