FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

N44209

(7)

JERUSALEM MISSIONARY BAPTIST CHURCH OF TALLAHASS EE, INC.

Principal Place of Business Mailing Address 2015 LAKE BRADFORD ROAD 2015 LAKE BRADFORD ROAD TALLAHASSEE FL 32310 TALLAHASSEE FL 32310 3. Date Incorporated or Qualified 3a. Date of Last Report 07/08/1991 05/17/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-3080723 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 \Box 28 Trust Fund Contribution Added to Fees Zip Country Zιο Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WRIGHT, JOSEPH 82 Street Address (P.O. Box Number is Not Acceptable) 1575 KEILY RUN 83 TALLAHASSEE FL 32301 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. Signature, typed or printed name of registered agont and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 11 TiTLE Addition POOLE, ANTHONY 1.2 NAME Melinda Jones STREET ADDRESS 6704 TIM TAM TRAIL 1.3 STREET ADDRESS 3114 A Pontiac Drive CITY-ST-ZIP TALLAHASSEE FL 1.4 CITY - ST - ZIP Tallahassee, FL 32301 THILE DELETE 2.1 TITLE Change Addition MAME MATHIS, RONICA 2.2 NAME STHEE! ADDRESS 2018 CANEWOOD COURT 2.3 STREET ADDRESS CITY-ST-ZIP TALLAHAŞSEE FL 2.4 CITY-ST-ZIP TITLE DELETE 3 1 TITLE Addition NAME MCQUINTON, PAMELA 3.2 NAME STREET ADDRESS 1420 NORTH MERIDAN #110 3.3 STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 34. CITY-ST-ZIP TITLE DOELETÉ 4.1 TITLE Change Addition NAME GEORGE, EMMANUEL 4.2 NAME STREET ADDRESS 3944 CAMINO REAL 43 STREET ADDRESS CITY - ST - ZIP TALLAHASSEE FL 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition KELLY, DAVID 5.2 NAME STREET ADDRESS 1416 HERNANDO DRIVE 5.3 STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change ☐ Addition NAME GAINES, MATTHEW 6.2 NAME STREET ADDRESS 3009 WAHNISH WAY 6.3 STREET ADDRESS

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)(k), 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 eath; that I am an officer or director of the perporation of 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 all attachment with an address.

6.4 CITY-ST-ZIP

SIGNATURE

TALLAHASSEE FL

CITY-ST-ZIP

IGNATURE AND PERFO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-96

574 6929 Daytime Phone R2E037 (12/95)

FILED

Secretary of State

Feb 01 1996 8:00 am