

FILE NOW: FILING FEE IS \$61.25

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Apr 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N44209** (7)  
1. Corporation Name  
**JERUSALEM MISSIONARY BAPTIST CHURCH OF TALLAHASSEE, INC.**

Principal Place of Business <b>2015 LAKE BRADFORD ROAD TALLAHASSEE FL 32310</b>	Mailing Address <b>2015 LAKE BRADFORD ROAD TALLAHASSEE FL 32310</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date incorporated or Qualified <b>07/08/1991</b>
4. FEI Number <b>59-3080723</b>
Applied For Not Applicable

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**WRIGHT, JOSEPH  
1575 KELLY RUN  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent	
81 Name <b>Waverly Palmer</b>	85 Zip Code <b>32311</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>822 FLAGG Street</b>	
83	
84 City <b>Tallahassee</b>	85 Zip Code <b>32311</b>

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 **Waverly Palmer / Waverly Palmer** DATE **3-30-98**  
Signature, typed or printed name of registered agent 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	NAME	1.1 TITLE
STREET ADDRESS	NAME	1.2 NAME
CITY - ST - ZIP	NAME	1.3 STREET ADDRESS
	NAME	1.4 CITY - ST - ZIP
	NAME	2.1 TITLE
	NAME	2.2 NAME
	NAME	2.3 STREET ADDRESS
	NAME	2.4 CITY - ST - ZIP
	NAME	3.1 TITLE
	NAME	3.2 NAME
	NAME	3.3 STREET ADDRESS
	NAME	3.4 CITY - ST - ZIP
	NAME	4.1 TITLE
	NAME	4.2 NAME
	NAME	4.3 STREET ADDRESS
	NAME	4.4 CITY - ST - ZIP
	NAME	5.1 TITLE
	NAME	5.2 NAME
	NAME	5.3 STREET ADDRESS
	NAME	5.4 CITY - ST - ZIP
	NAME	6.1 TITLE
	NAME	6.2 NAME
	NAME	6.3 STREET ADDRESS
	NAME	6.4 CITY - ST - ZIP

1.1 TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Wright, Joseph T.</b>	
1.3 STREET ADDRESS	<b>1575 Kelly Run</b>	
1.4 CITY - ST - ZIP	<b>Tallahassee, FL 32301</b>	
2.1 TITLE	<b>Lumpkin, Edward</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Lumpkin, Edward</b>	
2.3 STREET ADDRESS	<b>5748 Etowah Court</b>	
2.4 CITY - ST - ZIP	<b>Tallahassee, FL 32303</b>	
3.1 TITLE	<b>Hobbs, Antonio</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Hobbs, Antonio</b>	
3.3 STREET ADDRESS	<b>2725 Sandlewood Dr.</b>	
3.4 CITY - ST - ZIP	<b>Tallahassee, FL 32310</b>	
4.1 TITLE	<b>Long, Carrie</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Long, Carrie</b>	
4.3 STREET ADDRESS	<b>1506 Globe Court</b>	
4.4 CITY - ST - ZIP	<b>Tallahassee, FL 32303</b>	
5.1 TITLE	<b>Nelson, Lavern</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Nelson, Lavern</b>	
5.3 STREET ADDRESS	<b>1497 Live Oak Drive</b>	
5.4 CITY - ST - ZIP	<b>Tallahassee, FL 32301</b>	
6.1 TITLE	<b>Ash, David</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Ash, David</b>	
6.3 STREET ADDRESS	<b>PO BOX 1231</b>	
6.4 CITY - ST - ZIP	<b>Tallahassee, FL 32302</b>	

14. 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 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: **Joseph T. Wright** DATE **3/30/98** PHONE **574-6930**

CR2E037 (10/97)