NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # N44209

1. Corporation Name

JERUSALEM MISSIONARY BAPTIST CHURCH OF TALLAHASS EE, INC.

Principal Place of Business

Mailing Address

2a. Mailing Address

26

2015 LAKE BRADFORD ROAD TALLAHASSEE FL 32310

2. Principal Place of Business

21

2015 LAKE BRADFORD ROAD TALLAHASSEE FL 32310

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90181 006 ****61.25



3. Date Incorporated or Qualifed

07/08/1991

Suite, Apt	. #, etc.	Suite, Apt. #, etc.		4. FEI Number	Applied For	
22	,	27		59-3080723	Not Applicable	
City & Sta	ite	City & State		F 0 17 1 10 1 10 1 11	\$8.75 Additional	
23		28		5. Certifcate of Status Desired	Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00 May Be	
24	25	29 30	<u>. </u>	Trust Fund Contribution	Added to Fees	
<u></u>	9. Name and Address of Current		1	10. Name and Address of New Registered	I Agent	
	100110 0110	<u> </u>	81 Name	81 Name		
DALLAGOE IMALES V			Joseph Wright			
PALMORE, WAVERLY			82 Street Address (P.O. Box Number is Not Acceptable)			
822 FLAGG ST			1575 Keily Run			
TALLAHASSEE FL 32311						
			84 City	Tallahassee FI	85 Zip Code	
			45	I' laste this to be a set of the second to t	f ab an aire its registered	
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.						
agent. I am familiar) with, and accept the obligatione of Section 617.0503, Florida Statutes.						
SIGNATURE Street Wrist 5/11/99						
Signarde, typed of pridded name of registered agent spe title if applicable. (NOTE: Registered Agent signature required when reinstating)						
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition	
NAME	WRIGHT, JOSEPH T.		1.2 NAME			
STREET ADDRESS	1575 KEILY RUN		1.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32301		1.4 CITY-ST-ZIP			
TITLE	T	Z DELETE	2.1 TITLE	T_{-1}	Change	
NAME	LUMPKIN, EDWARD	Ť	2.2 NAME	John Love Tt		
STREET ADDRESS	5748 ETOWAH CT		2.3 STREET ADDRESS	3250 West Tennessee	St# 72	
CITY-ST-ZIP	TALLAHASSEE FL 32303		2. 4 CITY-ST-ZIP	TAILAHASJee, 91 32	304	
TITLE	T	☐ DELETE	3.1 TITLE	Tohn Love H 3250 West Tennessee TAllahassee, 91 32	☐ Change ☐ Addition	
NAME	HOBBS, ANTONIO		3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
	TALLAHASSEE FL 32310		3.4. CITY-ST-ZIP			
CITY-ST-ZIP	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME	LONG, CARRIE		4.2 NAME			
	4-4- 01 0DE 0011DT		4.3 STREET ADDRESS			
STREET ADORES			1			
CITY-ST-ZIP	TALLAHASSEE FL 32303	☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition	
TITLE	I I I I I I I I I I I I I I I I I I I	_ Occure	5.2 NAME			
NAME	NELSON, LAVERN		5.3 STREET ADDRESS			
STREET ADORES						
CITY-ST-ZIP	TALLAHASSEE FL 32301	D. DEVETE	5.4 CITY+ST-ZIP 6.1 TITLE			
TITLE	T	DELETE	•	Freddie Jerger 2015 LAKE Bradford K	✓ CHANGE ☐ MUDICION	
NAME	ASH, DAVID		6.2 NAME	2015 LAKE READ CARD	oad	
STREET ADDRESS	P. O. BOX 1231		6.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32302		6.4 CITY-ST-ZIP	TAllAhASSEE, 71 328	7 / O	

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 chianged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED AME OF SIGNING OFFICER OR DIRECTOR

5/11/99

514-6929

SR2E037 (11/98