

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44209

1. Entity Name

JERUSALEM MISSIONARY BAPTIST CHURCH OF TALLAHASSEE

FILED
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90005 046 ****61.25

Principal Place of Business

Mailing Address

2015 LAKE BRADFORD ROAD
TALLAHASSEE FL 32310

2015 LAKE BRADFORD ROAD
TALLAHASSEE FL 32310-5356

2. Principal Place of Business

3. Mailing Address

2015 Lake Bradford Rd.

2015 Lake Bradford Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32310

Country

Leon

Zip

32310

Country

Leon

4. FEI Number

59-3080723

Applied For

Not Applicable

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

WRIGHT, JOSEPH
1575 KEILY RUN
TALLAHASSEE FL 32301

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 Joseph T. Wright

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-11-00

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 ☐ Delete
NAME P
STREET ADDRESS WRIGHT, JOSEPH T.
CITY-ST-ZIP 1575 KEILY RUN
TALLAHASSEE FL 32301

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME T
STREET ADDRESS LOVETT, JOHN
CITY-ST-ZIP 3250 W TENNESSEE ST #72
TALLAHASSEE FL 32304

TITLE ☒ Change ☐ Addition
NAME T
STREET ADDRESS PALMORE, Waverly
CITY-ST-ZIP 822 FLAGG STREET
Tallahassee, FL 32311

TITLE ☐ Delete
NAME T
STREET ADDRESS HOBBS, ANTONIO
CITY-ST-ZIP 2725 SANDLEWOOD DR
TALLAHASSEE FL 32310

TITLE ☐ Change ☒ Addition
NAME T
STREET ADDRESS Gaines, Eric
CITY-ST-ZIP 1921 Patsy Ann Court
Tallahassee, FL 32303

TITLE ☐ Delete
NAME T
STREET ADDRESS LONG, CARRIE
CITY-ST-ZIP 1506 GLOBE COURT
TALLAHASSEE FL 32303

TITLE ☒ Change ☐ Addition
NAME T
STREET ADDRESS Wright, Helen
CITY-ST-ZIP 1575 Keily Run
Tallahassee, FL 32301

TITLE ☐ Delete
NAME T
STREET ADDRESS NELSON, LAVERN
CITY-ST-ZIP 1497 LIVE OAK DRIVE
TALLAHASSEE FL 32301

TITLE ☒ Change ☐ Addition
NAME T
STREET ADDRESS Shivers, Robert
CITY-ST-ZIP 4428 Westover Drive
Tallahassee, FL 32303

TITLE ☐ Delete
NAME T
STREET ADDRESS JERGER, FREDDIE
CITY-ST-ZIP 2015 LAKE BRADFORD RD
TALLAHASSEE FL 32310

TITLE ☒ Change ☐ Addition
NAME T
STREET ADDRESS Turner, Derald
CITY-ST-ZIP 1292 AVONDALE WAY
Tallahassee, FL 32310

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: Waverly Palmore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-00

Date

922-9151

Daytime Phone #

CR2E037 (9/99)