

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44209

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WRIGHT, JOSEPH  
1575 KEILY RUN 4873 Lake Park Dr.  
TALLAHASSEE FL 32311

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, Pastor

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

(NOTE: Registered Agent signature required when reinstating)

2/06/02

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

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

TITLE NAME ☐ Delete  
PALMORE, WAVERLY  
STREET ADDRESS 822 FLAGG ST.  
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE NAME ☐ Delete  
GAINES, ERIC  
STREET ADDRESS 1921 PATSY ANN CT  
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE NAME ☒ Delete  
WRIGHT, HELEN  
STREET ADDRESS 1575 KEILY RUN  
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE NAME ☒ Delete  
SHIVERS, ROBERT  
STREET ADDRESS 4428 WESTOVER DR  
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE NAME ☒ Delete  
TURNER, DERALD  
STREET ADDRESS 1292 AVONDALE WAY  
CITY-ST-ZIP TALLAHASSEE FL 32310

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE NAME ☐ Change ☒ Addition  
STREET ADDRESS 2015 Lake Bradford Rd.  
CITY-ST-ZIP Tall, FL 32310

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

TITLE NAME ☐ Change ☒ Addition  
STREET ADDRESS 345 South Magnolia Dr.  
CITY-ST-ZIP Tall, FL 32301

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:

Joseph T. Wright  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/06/02

Date

850-574-6929

Daytime Phone #

CR2E037 (9/01)

FILED  
Mar 13, 2002 8:00 am  
Secretary of State

03-13-2002 90136 003 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3080723

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required