

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N44209**

1. Entity Name

JERUSALEM MISSIONARY BAPTIST CHURCH OF  
TALLAHASSEE, INC.



Principal Place of Business

2015 LAKE BRADFORD ROAD  
TALLAHASSEE, FL 32310

Mailing Address

2015 LAKE BRADFORD ROAD  
TALLAHASSEE, FL 32310

**DO NOT WRITE IN THIS SPACE**



01032007 No Chg-NP

CR2E037 (4/06)

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

WRIGHT, JOSEPH  
4873 LAKE PARK DR  
TALLAHASSEE, FL 32311

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-3-07

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WRIGHT, JOSEPH T.
STREET ADDRESS	1575 KEILY RUN
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	T
NAME	PALMORE, WAVERLY
STREET ADDRESS	822 FLAGG ST
CITY-ST-ZIP	TALLAHASSEE, FL 32311
TITLE	T
NAME	BURGESS, SAMUEL
STREET ADDRESS	2015 LAKE BRADFORD ROAD
CITY-ST-ZIP	TALLAHASSEE, FL 32310
TITLE	T
NAME	DEMPS, TERRALYN
STREET ADDRESS	2015 LAKE BRADFORD RD
CITY-ST-ZIP	TALLAHASSEE, FL 32310
TITLE	T
NAME	DAVID THOMAS, JOHN
STREET ADDRESS	2015 LAKE BRAFORD RD.
CITY-ST-ZIP	TALLAHASSEE, FL 32310
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000595067  
01/23/07-80025-004 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 TIKO empowered.

SIGNATURE:

*Joseph T. Wright*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-07

Date

Daytime Phone #

Joseph T. Wright