


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 17 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mathews Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **N93000004421 (4)**
1. Corporation Name

JERUSALEM FUNDAMENTAL BAPTIST CHURCH INC.



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| Principal Place of Business 2525 JACKSON STREET FORT MYERS FL 33901 | Mailing Address 2525 JACKSON STREET FORT MYERS FL 33901-5043 |
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|--|--|
| 3. Date Incorporated or Qualified 09/30/1993 | 3a. Date of Last Report 08/14/1996 |
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|--|--|
| 2. Principal Place of Business 21 2525 Jackson St Suite, Apt. #, etc. 22 City & State 23 Ft Myers F.I. Lee Zip 24 33901 Country 25 USA | 2a. Mailing Address 26 Same as Above Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 |
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|------------------------------------|--|
| 4. FEI Number 65-0465492 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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|---|--|
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
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| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|

9. Name and Address of Current Registered Agent

**ST. MARC, ROLAND
8384 BEACON BLVD
FORT MYERS FL 33907**

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| FL 85 Zip Code |

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 **Roland St. Mark Dir.** DATE **5/22/97**
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 | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ST. MARK, ROALND D | 1.2 NAME | |
| STREET ADDRESS | 8384 BEACON BLVD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | FORT MYERS FL 33901 | 1.4 CITY-ST-ZIP | |
| TITLE | TD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JOSEPH, LEONNE | 2.2 NAME | |
| STREET ADDRESS | 4844 SANTA BARSAND BLVD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | CAPE COARAI FL 33914 | 2.4 CITY-ST-ZIP | |
| TITLE | CD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CAPRILE, SERGO | 3.2 NAME | |
| STREET ADDRESS | 1718 SW SECOND PL. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | CAPE CORAL FL 33914 | 3.4 CITY-ST-ZIP | |
| TITLE | S <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CAPRILE, NICOLANE | 4.2 NAME | |
| STREET ADDRESS | 1718SW SECOND PL | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | CAPE CORAL FL 33914 | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do 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 **Roland St. Mark** DATE **5/22/97**

CR2E037 (9/96)