

FILE NOW: FILING FEE IS \$61.25

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Mar 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000003203 (6)**
1. Corporation Name

THE NEW JERUSALEM BAPTIST CHURCH, INC.



Principal Place of Business 509 NE 16TH ST. FT. LAUDERDALE FL 33304	Mailing Address 509 NE 16TH ST. FT. LAUDERDALE FL 33304
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3. Date Incorporated or Qualified 06/23/1994		
4. FEI Number 65-0600500	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**CORTES, EFRAIN
1000 E. ATLANTIC BLVD.
SUITE 204
POMPANO BEACH FL 33060**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	BLANC, ALBERT	
STREET ADDRESS	503 NE 16TH ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	
TITLE	C	<input type="checkbox"/> DELETE
NAME	LAGUERRE, JEANSQUE W	
STREET ADDRESS	1231 NW 60TH ST.	
CITY-ST-ZIP	SUNRISE FL 33313	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	BLANC, ALLIANCE	
STREET ADDRESS	1322 NE 110TH TERR.	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	BLANC, VENESE	
STREET ADDRESS	503 NE 16TH ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LAGUERRE, MARIE ANGE	
STREET ADDRESS	1231 NW 60TH ST.	
CITY-ST-ZIP	SUNRISE FL 33313	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BLNC, ARIANE	
STREET ADDRESS	503 NE 16TH ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 changed, or on an attachment with an address.

SIGNATURE: Albert Blanc (PRINTED) 3/24/98 (954) 763-3136

CR2E037 (10/97)