


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 29, 1999 8:00 am
Secretary of State

07-29-1999 90016 008 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N94000003203 ✓

1. Corporation Name
THE NEW JERUSALEM BAPTIST CHURCH, INC.

Principal Place of Business 503 NE 16TH ST. FT. LAUDERDALE FL 33304	Mailing Address 503 NE 16TH ST. FT. LAUDERDALE FL 33304
---	---



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 06/23/1994	4. FEI Number 65-0600500	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	

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
 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: *[Signature]* DATE: 7/16/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, VESESE	
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, with all other like empowered.

SIGNATURE: *[Signature]* REQUIRED 7/16/99 (954) 743-3136

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)