2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

FILED Apr 21, 2006 8:00 am Secretary of State

DOCUMENT # N96000005724 1. Entity Name JERUSALEM MISSIONARY BAPTIST CHURCH, INC.						04-21-2006 90126 034 ****61.25				
Principal Place of Business 2935 ST. AUGUSTINE ROAD 3ACKSONVILLE, FL 32207 ACKSONVILLE, FL 32207 ABABE Mailing Address 2935 ST. AUGUSTINE ROAD JACKSONVILLE, FL 32207					'					
2. Dringing! Place of Pusings										
		P. O. B	3. Mailing Address P. O. Box 47515						(
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04172006 Ct	ng-NP	CR2E03	7 (11/05)	
City & State	в 1	City & S		El 311	u.n	4. FEI Number 59-305629	5		<u> </u>	plied For t Applicable
Zip	Country	Zip .	sonville,	Country	<u>T/</u>	5. Certificate of St			\$8.75 Add	itional
	6 Name and Address of Current	Bodistared An				7. Name and Add	ross of New Re		ee Required	1
6. Name and Address of Current Registered Agent						7. Name and Add	I WAS OF NAME AND	- Shareled V	Ser.	
CAMPBELL, BRIAN C 717 CHERRY BARK DR N			Street A	ddress (P.O. Box Number is I	Not Acceptable)			
JACKSON	VILLE, FL 32218					·				
				City				FL	Zip Code	9
1	named entity submits this statement fo	r the purpose o	f changing its re	gistered office or	register	ed agent, or both, in	the State of Flo	rida. I am f	amiliar with,	and accept
ine obligat	ions of registered agent.									
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SIGNATURE .	Cloud at a second and a second	and the dannington	(ANOTE: D					DATE		
SIGNATURE .	Signature, typed or printed name of registered agent			legistered Agent signat	ura required	when reinstating)		DATE		
SIGNATURE	Signature, typed or printed name of registered agent. Filling Fee is \$61.25 Due by May 1, 2006		. Election Campa Trust Fund Cor	aign Financing	ure required	\$5.00 May Be Added to Fees	ŀ	ake check	payable to	
SIGNATURE	Filing Fee is \$61.25	9	. Election Camp	aign Financing			Flori	ake check da Depart	ment of St	ate
10.	Filing Fee Is \$61.25 Due by May 1, 2006 OFFICERS AND DIF	RECTORS	. Election Camp	aign Financing ntribution.		\$5.00 May Be Added to Fees	Flori ES TO OFFICER	ake check da Depart	RECTORS IN	ate
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12. I hereby certify that the information supplied with this filling 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 like empowered.

CITY-ST-ZIP

SIGNATURE: MONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACKSONVILLE, FL 32216

CITY-ST-ZIP

4-18-06 904-386-0855 Date Daytime Proce 9