
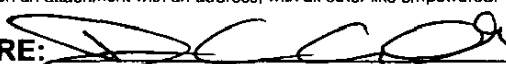


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-21-2006 90126 034 \*\*\*\*61.25

<b>DOCUMENT # N96000005724</b> 1. Entity Name JERUSALEM MISSIONARY BAPTIST CHURCH, INC.					
Principal Place of Business 2935 ST. AUGUSTINE ROAD JACKSONVILLE, FL 32207				Mailing Address 2935 ST. AUGUSTINE ROAD JACKSONVILLE, FL 32207	
2. Principal Place of Business		3. Mailing Address <i>P.O. Box 47515</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <i>JACKSONVILLE, FL 32247</i>			
Zip	Country	Zip <i>32247</i>	Country	4. FEI Number 59-3056295	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  CAMPBELL, BRIAN C 717 CHERRY BARK DR N JACKSONVILLE, FL 32218			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, JOHNNY 3784 GRANT ROAD JACKSONVILLE, FL 32207		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORTENBERRY, WILLIE 3023 GLEN OAKS CT. JACKSONVILLE, FL 32216	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENTLEY, LYNN 1730 CALLAHAN STREET JACKSONVILLE, FL 32207		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAVIS, ROBERT 6944 VANGUNDY Road JACKSONVILLE, FL 32208	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, BENNY F 8830 VICTORIA LANDING DR JACKSONVILLE, FL 32208		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAMPBELL, BRIAN C. 717 CHERRY BARK DR. N. JACKSONVILLE, FL 32218	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, LARRY 753 HARBOR WIND DR JACKSONVILLE, FL 32225		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREGG, CURTIS 3402 CHARMONT DR JACKSONVILLE, FL 32277		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M FORTENBERRY, WILLIE 3023 GLEN OAKS CT JACKSONVILLE, FL 32216		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 like empowered.					
<b>SIGNATURE:</b> 			4-18-06 904-396-0855		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		