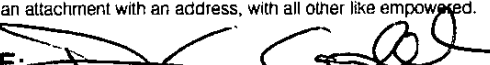


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90102 020 ****61.25

DOCUMENT # N96000005724 1. Entity Name JERUSALEM MISSIONARY BAPTIST CHURCH, INC.					
Principal Place of Business 2935 ST. AUGUSTINE ROAD JACKSONVILLE, FL 32207			Mailing Address P O BOX 47515 JACKSONVILLE, FL 32247		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3056295 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CAMPBELL, BRIAN C 717 CHERRY BARK DR N JACKSONVILLE, FL 32218			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAYLOR, JOHNNY		NAME	DAVIS, W. ROBERT	
STREET ADDRESS	3784 GRANT ROAD		STREET ADDRESS	6944 VAN GUNDY RD	
CITY-ST-ZIP	JACKSONVILLE, FL 32207		CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE	D	<input type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENTLEY, LYNN		NAME	CAMPBELL, BRIAN C.	
STREET ADDRESS	1730 CALLAHAN STREET		STREET ADDRESS	717 CHERRY BARK DR. N	
CITY-ST-ZIP	JACKSONVILLE, FL 32207		CITY-ST-ZIP	JACKSONVILLE, FL 32218	
TITLE	D	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAYLOR, BENNY F		NAME	EDWARDS, BRODERICK	
STREET ADDRESS	8830 VICTORIA LANDING DR		STREET ADDRESS	13873 IBIS POINT BLVD	
CITY-ST-ZIP	JACKSONVILLE, FL 32208		CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TAYLOR, LARRY		NAME		
STREET ADDRESS	753 HARBOR WIND DR		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32225		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREGG, CURTIS		NAME		
STREET ADDRESS	3402 CHARMONT DR		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32277		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FORTENBERRY, WILLIE		NAME		
STREET ADDRESS	3023 GLEN OAKS CT		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32216		CITY-ST-ZIP		
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.					
SIGNATURE: 			4-17-08 904-396-0855		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		