

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010220

FILED
Apr 26, 2006
Secretary of State

Entity Name: NEW SALEM MINISTRIES, INCORPORATED

Current Principal Place of Business:

4532 W. KENNEDY BLVD., #333
TAMPA, FL 336092042

New Principal Place of Business:

Current Mailing Address:

4532 W. KENNEDY BLVD., #333
TAMPA, FL 336092042

New Mailing Address:

FEI Number: 20-3213835

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOLOMON, DEVORA
405 N. OREGON AVENUE
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: EVANS, DWAYNE
Address: 23023 EAGLES WATCH DRIVE
City-St-Zip: LAND O'LAKES, FL 34639

Title: S () Delete
Name: BEST, WYNIE K
Address: 9010 ARNDALE CIRCLE
City-St-Zip: TAMPA, FL 33615

Title: D () Delete
Name: MARTIN, JAMES
Address: 6904 FAIRBROOK WAY
City-St-Zip: TAMPA, FL

Title: D () Delete
Name: PRICE, JOHN
Address: 11448 OLIVE BRANCH COURT
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: C () Delete
Name: HUGGINS, JOHN
Address: 11928 TIMBER HILLS DRIVE
City-St-Zip: RIVERVIEW, FL 33569

Title: D () Delete
Name: JENKINS, THADDEUS
Address: 2714 MUNRO STREET
City-St-Zip: TAMPA, FL 33603

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: SPENCER, RUFUS
Address: 511 TUSCANNY PARK LOOP
City-St-Zip: BRANDON, FL 33511

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WYNIE K. BEST

S

04/26/2006

Electronic Signature of Signing Officer or Director

Date