


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90040 049 \*\*\*\*70.00

**DOCUMENT # N07000000630**  
 1. Entity Name  
**NEWBERRY BAPTIST FELLOWSHIP, INC.**



Principal Place of Business      Mailing Address  
**2589 BLUEBIRD LANE, SE**      **2589 BLUEBIRD LANE, SE**  
**WINTER HAVEN FL 33880**      **WINTER HAVEN FL 33880**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**2598 BlueBird Road SE**      **123 7th Wahneta St. west**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E037 (10/07)

City & State      City & State  
**Winter Haven, Florida**      **Winter Haven, Florida**  
 Zip      Country      Zip      Country  
**33884-2800**      **Polk**      **33880**      **Polk**

4. FEI Number      Applied For  
**01-0880177**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CARVER, JAMES L**  
**2589 BLUEBIRD LANE, SE**  
**WINTER HAVEN FL 33880**

7. Name and Address of New Registered Agent  
 Name **James L Carver**  
 Street Address (P.O. Box Number is Not Acceptable)  
**123 7th Wahneta St. West**  
 City **Winter Haven**      **FL**      Zip Code **33880**

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CARVER, JAMES L	
STREET ADDRESS	123 7TH WAHNETA ST. W	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	D	<input type="checkbox"/> Delete
NAME	PATTON, BOB	
STREET ADDRESS	123 7TH WAHNETA ST. W	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEES, WILLIAM	
STREET ADDRESS	123 7TH WAHNETA ST. W	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	NEWBERRY, OLIVIA	
STREET ADDRESS	123 7TH WAHNETA ST. W	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	T	<input type="checkbox"/> Delete
NAME	CARVER, BETTY	
STREET ADDRESS	123 7TH WAHNETA ST. W	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	S	<input type="checkbox"/> Delete
NAME	BAMBERG, HELEN	
STREET ADDRESS	123 7TH WAHNETA ST. W	
CITY-ST-ZIP	WINTER HAVEN FL 33880	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patton Don	
STREET ADDRESS	2841 mountain Lake cutoFF Road	
CITY-ST-ZIP	Lake Wales, Fl. 33853-7865	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dees William	
STREET ADDRESS	3424 Preston	
CITY-ST-ZIP	Lake Wales, Fl. 33859-7715	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bamberg Helen	
STREET ADDRESS	2822 AVE. R. NW.	
CITY-ST-ZIP	Winter Haven, Fl. 33881-2077	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: James L. Carver      James L. Carver      2-28-08      (863) 324-5464