## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP

STREET ADDRESS

TITLE NAME



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N9400002164 (1) 1. Corporation Name

## FILED Apr 29 1997 8:00am Secretary of State

☐ Addition

NEW SONG FELLOWSHIP INC.											<b>?</b>		12/AT (1101 110	
Principal Place of Business Mailing Address														
14 STUMPFIELD ROAD 14 STUMPFIELD ROAD PENSACOLA FL 32503 PENSACOLA FL 32503-7448														
										3. Date Incorporate 05/02/19		3a. D	ate of Last 04/05/1	Report <b>996</b>
	2. Principal Place of Business				2a. Mailing Address					4. FEI Number 59-31834	160		<del></del>	Applied For
Suite, Apt. #, etc.				Suite, Apt. #, etc.					29-3 1034	100			lot Applicable	
Suite, Apr. #, sic.				27					<ol><li>Certificate of Sta</li></ol>	itus Desired			Additional Required	
City & State				City & State					6. Election Campai	on Emancino			May Be	
23				28	28					Trust Fund Cont	• -			to Fees
	Zip	Zip Country			Zip Cou			ountry 8. This corporation has						s. 199.032,
24		25		29			0			Florida Statutes		Yes [		
$\vdash$		9, Name	and Address of Curre	nt Registe	Registered Agent			Name		10. Name and Add	ress of New He	gistered	Agent	
MOODAW BOOED OD														
MCGRAW, ROGER SR 5015 SKYLARK							82	Street /	Addres	ss (P.O. Box Number	is Not Acceptat	ole)		
PENSACOLA FL 32505							83		*		·			······································
								City			·· ·		los Zir	Code
										FL 85 Zip Code				
1	Pursuant to	o the provisi	ons of Sections 617.05	02 and 61	7.1508, Florida Status, Such change was	ites, the a	bove	e-named	corpo	ration submits this sta	tement for the p	ourpose o	f changing	its registered
	<ol> <li>Pursuant to the provisions of Sections 617.0902 and 617.1508, Florida Statules, the office or registered agent, or both, in the State of Florida. Such change was authoriz agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida SI</li> </ol>							S		THO DOUGHO OF GIRDONO	. Thoropy dood			·
s	Signature Somethor, typeday provided nature of agricultural and title if applicable (NOTE: Registe						an		Pd	when reinstating)		4-2	1-97	
1:		Sign Billion of Justice	OFFICERS A			13.		ili signatore	reduted	ADDITIONS/CHA	NGES TO OFFIC	CERS AND	DIRECTO	RS IN 12
TI:	ILE	PD 🗆			☐ DELETE	1.1	1.1 TITLE			·····			☐ Change	Addition
N/	ME )	1110 0 1111 1110 0 1111												
ST			YLARK CT.			1.3	STREET	ADDRESS						
-	Y-ST-ZIP PENSACOLA FL 32505			O or the			1.4 CITY - ST - ZIP			<del> </del>	· · · · · · · · · · · · · · · · · · ·		——————————————————————————————————————	1 4 4 100
1	DBM				☐ DELETE			2.1 ¥11LE					L Change	
1	ROYSTER, THOMAS REET ADDRESS 6330 AUDOBON DR.							2.2 NAME 2.3 STREET ADDRESS						
1	REET ADDRESS   6330 AUDOBON DR. Y-ST-ZIP   PENSACOLA FL 32504						2 4 CITY-ST-ZIP							
	TLE				31 TITLE						Change	Addition		
l N	UME				3.2 NAME									
ST	REET ADDRESS 7743 DEBORAH CT.					3.3 STREET ADDRESS								
Ler	P			3.4	3.4 CITY-ST-ZIP									
1 "	TLE .				4.1 TITLE						☐ Change	Addition		
NAME							4. 2 NAME							
1	REET ADDRESS		<b>1</b>				ADDRESS							
	TY-ST-ZIP TLE						CITY-S	i I - ZIP					Change	Addition
1	ME I				DEC.C	1	NAME						Orlange	- Madicali
									1					

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Plock 13 if changed, or or an attachment with an address.

6.3 STREET ADDRESS 6.4 City-St-Zip

6.1 TITLE

6.2 NAME

DELETE

Disease New York 1 Con 1