

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000000559

**Entity Name:** NEW SEASON FULL GOSPEL MINISTRIES, INC.

**Current Principal Place of Business:**

2032 CHYNN AVE  
NORTH PORT, FL 34286

**Current Mailing Address:**

PAM SAMS  
2032 CHYNN AVE  
NORTH PORT, FL 34286 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

SAMS, PAMELA  
PAM SAMS  
2032 CHYNN AVE  
NORTH PORT, FL 34286 US

*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:** PAMELA SAMS

05/01/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title ADMINISTRATOR  
Name SAMS, PAMELA FAYE  
Address 2032 CHYNN AVE  
City-State-Zip: NORTH PORT FL 34286

Title TREASURER  
Name SAMS, PAM  
Address 2032 CHYNN AVE  
City-State-Zip: NORTH PORT FL 34286

Title DIRECTOR  
Name SUTTON, SHARON LEE  
Address 2080 WILLOW HAMMOCK CIRCLE  
UNIT D  
City-State-Zip: PUNTA GORDA FL 33983

Title DIRECTOR  
Name SAMS, DANNY RAY  
Address 2032 CHYNN AVE  
City-State-Zip: NORTH PORT FL 34286

*I hereby 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 all other like empowered.*

**SIGNATURE:** SAMS, PAMELA FAYE

ADMINISTRATOR

05/01/2024

Electronic Signature of Signing Officer/Director Detail

Date