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

Electronic Signature of Signing Officer/Director Detail

ADMINISTRATOR

05/01/2024 Date

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

DOCUMENT# N1500000559

Entity Name: NEW SEASON FULL GOSPEL MINISTRIES, INC.

Current Principal Place of Business:

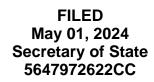
2032 CHYNN AVE NORTH PORT, FL 34286

Current Mailing Address:

PAM SAMS 2032 CHYNN AVE NORTH PORT, FL 34286 US

FEI Number: NOT APPLICABLE

Name and Address of Current Registered Agent:



Certificate of Status Desired: Yes

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	E PAMELA SAMS			05/01/2024
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	ADMINISTRATOR	Title	TREASURER	
Name	SAMS, PAMELA FAYE	Name	SAMS, PAM	
Address	2032 CHYNN AVE	Address	2032 CHYNN AVE	
City-State-Zip:	NORTH PORT FL 34286	City-State-Zip:	NORTH PORT FL 34286	
Title	DIRECTOR	Title	DIRECTOR	
Name	SUTTON, SHARON LEE	Name	SAMS, DANNY RAY	
Address	2080 WILLOW HAMMOCK CIRCLE	Address	2032 CHYNN AVE	
City-State-Zip:	UNIT D PUNTA GORDA FL 33983	City-State-Zip:	NORTH PORT FL 34286	