

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000000559

Entity Name: NEW SEASON FULL GOSPEL MINISTRIES, INC.

FILED
Jun 29, 2020
Secretary of State
6426964829CC

Current Principal Place of Business:

PAM SAMS
5960 GOTTFRIED LN
NORTH PORT, FL 34291

Current Mailing Address:

PAM SAMS
5960 GOTTFRIED LN
NORTH PORT, FL 34291 US

FEI Number: 47-1988249

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SAMS, PAMELA
PAM SAMS
5960 GOTTFRIED LN
NORTH PORT, FL 34291 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

06/29/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title ADMINISTRATOR
Name SAMS, PAMELA FAYE
Address 5960 GOTTFRIED LANE
City-State-Zip: NORTH PORT FL 34291

Title TREASURER
Name SAMS, PAM
Address 5960 GOTTFRIED LN
City-State-Zip: NORTH PORT FL 34291

Title DIRECTOR
Name EVANS, RICHARD
Address 584 LINCOLN AVENUE NW
City-State-Zip: PORT CHARLOTTE FL 33952

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

Title DIRECTOR
Name FREEMAN, DENNNIS
Address 5142 BLUE HERON DR.
City-State-Zip: NEWPORT RICHIE FL 34652

Title DIRECTOR
Name SAMS, DANNY RAY
Address PAM SAMS
5960 GOTTFRIED LN
City-State-Zip: NORTH PORT FL 34291

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: PAMELA F SAMS

ADMINISTRATOR

06/29/2020

Electronic Signature of Signing Officer/Director Detail

Date