

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000000559

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

**FILED**  
**Feb 04, 2019**  
**Secretary of State**  
**5697314296CC**

**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

02/04/2019

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 T  
Name SAMS, PAM  
Address 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 SAMS

PASTOR

02/04/2019

Electronic Signature of Signing Officer/Director Detail

Date