

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000000559

Entity Name: NEW SEASON FULL GOSPEL MINISTRIES, INC.

FILED
Apr 29, 2021
Secretary of State
0144982859CC

Current Principal Place of Business:

2032 CHYNN AVE
2032 CHYNN AVE
NORTH PORT, FL 34286

Current Mailing Address:

PAM SAMS
2032 CHYNN AVE
NORTH PORT, FL 34286 US

FEI Number: 47-1988249

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

04/29/2021

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 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 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: PAMELA SAMS

ADMINISTRATOR

04/29/2021

Electronic Signature of Signing Officer/Director Detail

Date