

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

DOCUMENT# N19000000347

**Entity Name:** NEW LEADERS NEW BELIEVERS CORPORATION**Current Principal Place of Business:**5403 TUBMAN DRIVE NORTH  
JACKSONVILLE , FL 32219-4118**Current Mailing Address:**5375 TUBMAN DRIVE NORTH  
JACKSONVILLE, FL 32219 US**FEI Number:** 83-3724861**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**NEW LEADERS NEW BELIEVERS CORPORATION  
5403 TUBMAN DRIVE NORTH  
JACKSONVILLE , FL 32219-4118 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:** ELDER DENNIS ZENEFSKI SR

04/30/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR OF OPERATIONS,  
Name NORRIS, PATRICK A PASTORAL  
Address 183 CALDWELL STREET  
City-State-Zip: FOREST CITY NC 28043

Title DIRECTOR OF RECOVERY,  
CHAIRMAN, SENIOR ELDER  
Name ZENEFSKI , DENNIS SR  
Address 1275 NEED MORE ROAD  
City-State-Zip: ROOPVILLE GA 30170

Title SUPERINTENDENT OF CURRICULUM  
TEACHERS  
Name WASHINGTON , MELISSA C  
Address P.O. BOX 4713  
City-State-Zip: ATLANTA GA 30302-9998

Title DIRECTOR OF ADMINISTRATION, VC,  
ELDER  
Name SHOMAKER , JUSTIN ELDER  
Address POST OFFICE BOX 4713  
City-State-Zip: ATLANTA GA 30303-9998

Title CFO, CHIEF APOSTLE  
Name BAKER, THOMAS M JR.  
Address 675 THOMAS KATE RD  
City-State-Zip: DORCHESTER SC 29437

Title COO, CHAIRMAN, EMERITUS  
Name SIMMONS , APOSTOLIC L EMERITUS  
Address 669 THOMAS KATE ROAD  
City-State-Zip: DORCHESTER SC 39437

Title ASSOCIATE DIRECTOR  
Name FOSTER , AARON B ELDER-ELECT  
Address POST OFFICE BOX 43543  
City-State-Zip: JACKSONVILLE FL 32203

*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:** DENNIS ZENEFSKI SRDIRECTOR OF  
RECOVERY

04/30/2024

Electronic Signature of Signing Officer/Director Detail

Date