


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # 707308
 1. Entity Name
 NEW FELLOWSHIP BAPTIST CHURCH, INC.



Principal Place of Business
 1840 OLD DIXIE HWY
 TITUSVILLE, FL 32796

Mailing Address
 1840 OLD DIXIE HWY
 TITUSVILLE, FL 32796



01222005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
 23-7410324

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 HANSON, JERRY R., SR.
 1840 OLD DIXIE HIGHWAY
 TITUSVILLE, FL 32796

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HANSON, JERRY R. SR.
STREET ADDRESS	3621 SUNNY DR
CITY - ST - ZIP	MIMS, FL
TITLE	D
NAME	LUBINSKI, BOB
STREET ADDRESS	4172 CINNAMON TEAL
CITY - ST - ZIP	MIMS, FL 32754
TITLE	D
NAME	CONKLIN, DOUG
STREET ADDRESS	2517 PALM AVE
CITY - ST - ZIP	MIMS, FL 32754
TITLE	D
NAME	ALLEN, JAMES
STREET ADDRESS	2965 BRIAR WOOD LN.
CITY - ST - ZIP	TITUSVILLE, FL
TITLE	S
NAME	NEASE, PAULA
STREET ADDRESS	2929 COOPER DR
CITY - ST - ZIP	TITUSVILLE, FL 32796
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

UN0000197370
 01/27/05-80008-1113 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Paula S. Nease (Paula S. Nease) 1-22-05 321-264-0209
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #