

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2006 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**



04082006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000502937  
04/26/06-80013-003 61.25

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
HANSON, JERRY R. SR.  
3821 SUNNY DR  
MIMS, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
LUBINSKI, BOB  
4172 CINNAMON TEAL  
MIMS, FL 32754**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CONKLIN, DOUG  
2517 PALM AVE  
MIMS, FL 32754**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ALLEN, JAMES  
2985 BRIAR WOOD LN.  
TITUSVILLE, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
NEASE, PAULA  
2929 COOPER DR  
TITUSVILLE, FL 32796**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

*Jerry R. Hanson, Sr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date **5/8/06** Daytime Phone # **321-268-0209**