


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 Mailing Address
1840 OLD DIXIE HWY **1840 OLD DIXIE HWY**
TITUSVILLE, FL 32796 **TITUSVILLE, FL 32796**



04062006 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 <input type="checkbox"/>	\$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

00000502937
 04/26/06-80013-003 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HANSON, JERRY R. SR. 3621 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	

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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.* **Jerry R. Hanson, Sr.** 4/8/06 321-268-0209
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #