## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # N00000000598**

1. Entity Name NEW DAY FELLOWSHIP MISSIONARY BAPTIST CHURCH, INC.



FILED Apr 12, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

1057 W. 6TH ST

RIVIERA BEACH, FL 33404

P.O. BOX 9452

RIVIERA BEACH, FL 33419-0121



## DO NOT WRITE IN THIS SPACE

04062007 No Chg-NP

CR2E037 (4/06)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAWRENCE, JOSEPH 1113 W. 31 STREET RIVIERA BEACH, FL 33404

## DO NOT WRITE IN THIS SPACE

			· · ·	
	e named entity submits this statement for the p tions of registered agent	urpose of changing its registere	ed office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE Signeture, typed or printed name of registered agent and title if applicable. (NOTE: Registere			d Agent signature required when reinstating)	DATE
	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Finar Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT SHELTON, W.M. REV. 3600 AVENUE "J" FT. PIERCE, FL 33450			U00000703355 04/20/07-80132-025 61.25
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VT LAWRENCE, JOSEPH DEACON 1113 W. 27TH ST. RIVIERA BEACH, FL 33404			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PATTERSON, ARTHUR DEACON 440 W. 31ST ST. RIVIERA BEACH, FL 33404		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAWRENCE, GUSSIE 707 WEST KALMIA DRIVE LAKE PARK, FL 33403		IN.	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CORBIN, JESSIE DEACON 131 W. 27TH ST RIVIERA BEACH, FL 33404			
TITLE NAME STREET ADDRESS CITY, ST. 7IP	T PIERCE, HELEN 820 22ND STREET	714		

12. I hereby certify that the information supplied with this filling 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 regiever 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 addires, with all other like empowered.

SIGNATURE

SATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

in 4/9/

561-691-5985,XI

Daytime Phone #