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FILED

Jun 05, 2001 8:00 am
Secretary of State

05-02-2001 90100 035 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000003170

1. Entity Name

NEW SALEM FELLOWSHIP MISSIONARY BAPTIST CHURCH/S

Principal Place of Business

5812 PINEWOOD DRIVE NORTH EAST
PALM BAY FL 32905

Mailing Address

5812 PINEWOOD DRIVE NORTH EAST
PALM BAY FL 32905

6482

2. Principal Place of Business

2810 Fordham Rd. (Road)

3. Mailing Address

P.O. BOX 61927

Suite, Apt. #, etc.

Suite, Apt. #, etc.

N/A

N/A

DO NOT WRITE IN THIS SPACE

City & State

Palm Bay, FL

City & State

Palm Bay, FL

4. FEI Number

59-3645684

Applied For

Not Applicable

Zip

32905

Country

U.S.A.

Zip

32906-1927

Country

U.S.A.

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

6. Name and Address of Current Registered Agent

BERRY, LAWRENCE C
5812 PINEWOOD DRIVE NORTH EAST
PALM BAY FL 32905

7. Name and Address of New Registered Agent

Name Rev. Lawrence Clifton Berry

Street Address (P.O. Box Number is Not Acceptable)
5812 PINEWOOD DR. N.E.

Mailing Address same in box #3

City Palm Bay, FL

FL

Zip Code 32906-1921

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.

SIGNATURE

Rev. Lawrence Clifton Berry

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

(If E-Registered Agent signature required when reinstating)

4/27/01

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCED BERRY, LAWRENCE C 5812 PINEWOOD DRIVE NORTH EAST PALM BAY FL 32905	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BERRY, ALSEA ROSITTA 5812 PINEWOOD DRIVE NORTH EAST PALM BAY FL 32905	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BERRY, HANNAH E 5812 PINEWOOD DRIVE NORTH EAST PALM BAY FL 32905	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC Sharon Worthington 975 Burn Palm Bay, FL 32905	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. Berry, Alsea Rositta 5812 PINEWOOD DRIVE NORTH EAST Palm Bay, FL 32905	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE Sharon Worthington 975 Burn Palm Bay, FL 32905	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #