2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000003170

1. Entity Name
NEW SALEM FELLOWSHIP MISSIONARY BAPTIST CHURCH/S.K.A.D.E. OUTREACH CRUSADE MINISTRIES INC.

Principal Place of Business	Mailing Address
4690 SUITE 4B LIPSCOMB STREET PALM BAY, FL 32905 US	PO BOX 61927 PALM BAY, FL 32908-1927 US

05012004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-3645684
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BERRY, LAWRENCE C REV
1245 APT G104 PALM BAY ROAD
PALM BAY, FL 32905

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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 September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	BERRY, LAWRENCE C
STREET ADDRESS	1245 APT G 104 PALM BAY ROAD
CITY-ST-ZIP	PALM BAY, FL 32905
TITLE	VTT
NAME	BERRY, ALSEIA ROSITTA
STREET ADDRESS	1245 APT G 104 PALM BAY ROAD
CITY-ST-ZIP	PALM BAY, FL 32905
TITLE	ST
NAME	SCHOFIELD, GINGER MAYOR
STREET ADDRESS	260 E UNIVERSITY BLVD APT C
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	T
NAME	MAJOR, STEPHON
STREET ADDRESS	260 E UNIVERSITY BLVD APT C
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/21/04-80003-001 70.00

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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: Lawrence Berry 6/18/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #