


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 12, 2005 8:00 am
Secretary of State

09-12-2005 90003 007 ****70.00

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DOCUMENT # N00000003170					
1. Entity Name NEW SALEM FELLOWSHIP MISSIONARY BAPTIST CHURCH/S.H.A.D.E. OUTREACH CRUSADE MINISTRIES INC.					
Principal Place of Business 4690 SUITE 4B LIPSCOMB STREET PALM BAY, FL 32905 US		Mailing Address PO BOX 61927 PALM BAY, FL 32906-1927 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03242005 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number 59-3645684	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BERRY, LAWRENCE C REV 1245 APT G104 PALM BAY ROAD PALM BAY, FL 32905			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		
			Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____					
Filing Fee is \$81.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PCD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERRY, LAWRENCE C		NAME		
STREET ADDRESS	1245 APT G 104 PALM BAY ROAD		STREET ADDRESS		
CITY-ST-ZIP	PALM BAY, FL 32905		CITY-ST-ZIP		
TITLE	VTT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERRY, ALSEIA ROSITTA		NAME		
STREET ADDRESS	1245 APT G 104 PALM BAY ROAD		STREET ADDRESS		
CITY-ST-ZIP	PALM BAY, FL 32905		CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE	St	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHOFIELD, GINGER MAYOR		NAME	Lasonya Williams	
STREET ADDRESS	260 E UNIVERSITY BLVD APT C		STREET ADDRESS	2189 Northview St Apt # 14	
CITY-ST-ZIP	MELBOURNE, FL 33901		CITY-ST-ZIP	Palm Bay, FL 32905	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAJOR, STEPHON		NAME	Chance Williams	
STREET ADDRESS	260 E UNIVERSITY BLVD APT C		STREET ADDRESS	2189 Northview St Apt # 14	
CITY-ST-ZIP	MELBOURNE, FL 32901		CITY-ST-ZIP	Palm Bay, FL 32905	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Lawrence C Berry</i>			Date: 4/28/05 712-726-0732		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		



ATTACHMENT
50066444

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

May 17, 2005

NEW SALEM FELLOWSHIP MISSIONARY BAPTIST CHURCH/S.H.A.D.
PO BOX 61927
PALM BAY, FL 32906-1927 US

Subject: **NEW SALEM FELLOWSHIP MISSIONARY BAPTIST**

Reference Number: **N0000003170**

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed nonprofit annual report/uniform business report is \$61.25. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION