



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.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3645684		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		7. Name and Address of New Registered Agent	
BERRY, LAWRENCE C REV 1245 APT G 104 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		DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)			
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 NAME STREET ADDRESS CITY-ST-ZIP	PCD BERRY, LAWRENCE C <input type="checkbox"/> Delete 1245 APT G 104 PALM BAY ROAD PALM BAY, FL 32905	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTT BERRY, ALSEIA ROSITTA <input type="checkbox"/> Delete 1245 APT G 104 PALM BAY ROAD PALM BAY, FL 32905	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SCHOFIELD, GINGER MAYOR <input checked="" type="checkbox"/> Delete 260 E UNIVERSITY BLVD APT C MELBOURNE, FL 33901	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition St Lasonya Williams 2189 Northview St Apt # 14 Palm Bay, FL 32905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAJOR, STEPHON <input checked="" type="checkbox"/> Delete 260 E UNIVERSITY BLVD APT C MELBOURNE, FL 32901	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition T Chance Williams 2189 Northview St Apt # 14 Palm Bay, FL 32905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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: 		Date: 4/28/05 712-726-0732	
Signature and typed or printed name of signing officer or director		Date	



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: N00000003170

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.

/wj

ANNUAL REPORTS SECTION