

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 26, 2006 8:00 am**  
**Secretary of State**

06-26-2006 90001 037 \*\*\*\*69.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                    |                                                                                     |                                                                       |                                                                                                                                                                                                                                       |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N00000003170</b><br>1. Entity Name<br><b>NEW SALEM FELLOWSHIP MISSIONARY BAPTIST CHURCH/S.H.A.D.E. OUTREACH CRUSADE MINISTRIES INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                    |                                                                                     |                                                                       |                                                                                                                                                                                                                                       |  |
| Principal Place of Business<br><b>4690 SUITE 4B LIPSCOMB STREET<br/>PALM BAY, FL 32905 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                    |                                                                                     | Mailing Address<br><b>PO BOX 61927<br/>PALM BAY, FL 32906-1927 US</b> |                                                                                                                                                                                                                                       |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                    |                                                                                     | 3. Mailing Address<br>Suite, Apt. #, etc.:                            |                                                                                                                                                                                                                                       |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                    |                                                                                     | City & State                                                          |                                                                                                                                                                                                                                       |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                    | Country                                                                             |                                                                       | Zip                                                                                                                                                                                                                                   |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                    | Country                                                                             |                                                                       | 4. FEI Number<br><b>59-3645684</b>                                                                                                                                                                                                    |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                    |                                                                                     |                                                                       | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                                |  |
| 6. Name and Address of Current Registered Agent<br><b>BERRY, LAWRENCE C REV<br/>1245 APT G 104 PALM BAY ROAD<br/>PALM BAY, FL 32905</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                    |                                                                                     |                                                                       | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relocating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                    |                                                                                     |                                                                       |                                                                                                                                                                                                                                       |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                    | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                       | <b>\$5.00 May Be<br/>Added to Fees</b>                                                                                                                                                                                                |  |
| Make check payable to<br>Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                    |                                                                                     |                                                                       |                                                                                                                                                                                                                                       |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                    |                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>          |                                                                                                                                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PCO<br>BERRY, LAWRENCE C<br>1245 APT G 104 PALM BAY ROAD<br>PALM BAY, FL 32905     | <input type="checkbox"/> Delete                                                     |                                                                       |                                                                                                                                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | VTT<br>BERRY, ALSEIA ROSITTA<br>1245 APT G 104 PALM BAY ROAD<br>PALM BAY, FL 32905 | <input type="checkbox"/> Delete                                                     |                                                                       |                                                                                                                                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ST<br>WILLIAMSD, LASONYA<br>2189 NORTHVIEW ST APT 14<br>PALM BAY, FL 32905         | <input type="checkbox"/> Delete                                                     |                                                                       |                                                                                                                                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | T<br>WILLIAMS, CHANICE<br>2189 NORTHVIEW ST APT 14<br>PALM BAY, FL 32905           | <input type="checkbox"/> Delete                                                     |                                                                       |                                                                                                                                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                    | <input type="checkbox"/> Delete                                                     |                                                                       |                                                                                                                                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                    | <input type="checkbox"/> Delete                                                     |                                                                       |                                                                                                                                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                    | <input type="checkbox"/> Delete                                                     |                                                                       |                                                                                                                                                                                                                                       |  |
| 12. I hereby certify that the information supplied with this filing 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 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 Blue empowered. |                                                                                    |                                                                                     |                                                                       |                                                                                                                                                                                                                                       |  |
| <b>SIGNATURE:</b> <u><i>Lawrence Berry</i></u> <b>5/28/06</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                    |                                                                                     |                                                                       |                                                                                                                                                                                                                                       |  |