

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 26, 2007 8:00 am
Secretary of State

06-26-2007 90001 017 ****70.00

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3645684	
5. Certificate of Status Desired <input type="checkbox"/>				\$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			7. Name and Address of New Registered Agent 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 reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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					
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	VTT BERRY, ALSEA ROSITTA <input type="checkbox"/> Delete 1245 APT G 104 PALM BAY ROAD PALM BAY, FL 32905				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST WILLIAMSD, LASONYA <input checked="" type="checkbox"/> Delete 2189 NORTHVIEW ST APT 14 PALM BAY, FL 32905				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T WILLIAMS, CHANICE <input checked="" type="checkbox"/> Delete 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"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Joseph Lloyd Fagan <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1321 Haulover Road Palm Bay, FL 32908				
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 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 like empowered.					
SIGNATURE: <u>Lawrence C Berry</u> 4/6/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					