

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 24, 2008 8:00 am
Secretary of State

06-24-2008 90001 038 ****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.		04242008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-3645684	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BERRY, LAWRENCE C REV 1245 APT G 104 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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	PCO BERRY, LAWRENCE C 1245 APT G 104 PALM BAY ROAD PALM BAY, FL 32905 ☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTT BERRY, ALSEIA ROSITTA 1245 APT G 104 PALM BAY ROAD PALM BAY, FL 32905 ☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FOGAN, JOSEPH L 1221 HAVLOVER RD PALM BAY, FL 32908 ☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
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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: <i>Lawrence C Berry</i> 4/30/08					