

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003170

FILED
Sep 12, 2009
Secretary of State

Entity Name: NEW SALEM FELLOWSHIP MISSIONARY BAPTIST CHURCH/S.H.A.D.E. OUTREACH CRUSADE MINISTRIES INC.

Current Principal Place of Business:

4690 SUITE 4B LIPSCOMB STREET
PALM BAY, FL 32905 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 61927
PALM BAY, FL 329061927 US

New Mailing Address:

FEI Number: 59-3645684 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BERRY, LAWRENCE C REV
1245 APT G104 PALM BAY ROAD
PALM BAY, FL 32905 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: BERRY, LAWRENCE C
Address: 1245 APT G 104 PALM BAY ROAD
City-St-Zip: PALM BAY, FL 32905

Title: VTT () Delete
Name: BERRY, ALSEIA ROSITTA
Address: 1245 APT G 104 PALM BAY ROAD
City-St-Zip: PALM BAY, FL 32905

Title: T () Delete
Name: FOGAN, JOSEPH L
Address: 1221 HAVLOVER RD
City-St-Zip: PALM BAY, FL 32908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: BERRY, HANNAH E
Address: 1245 PALM BAY ROAD
City-St-Zip: PALM BAY, FL 32905

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAWRENCE CLIFTON BERRY

PCD

09/12/2009

Electronic Signature of Signing Officer or Director

Date