

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2003 8:00 am
Secretary of State

07-23-2003 90059 048 ****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

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



**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PCD** ☐ Delete
NAME **BERRY, LAWRENCE C**
STREET ADDRESS **1245 APT G 104 PALM BAY ROAD**
CITY-ST-ZIP **PALM BAY FL 32905**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VIT** ☐ Delete
NAME **BERRY, ALSEIA ROSITTA**
STREET ADDRESS **1245 APT G 104 PALM BAY ROAD**
CITY-ST-ZIP **PALM BAY FL 32905**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☐ Delete
NAME **SCHOFIELD, GINGER MAYOR**
STREET ADDRESS **260 E UNIVERSITY BLVD APT C**
CITY-ST-ZIP **MELBOURNE FL 32901-32901**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Treasure** ☐ Delete
NAME **STEPHEN MAJOR**
STREET ADDRESS **260 E UNIVERSITY BLVD APT C**
CITY-ST-ZIP **MELBOURNE, FL 32901**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]

7/20/03 321.126-6132

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

attachment

DOCUMENT #	80133354
1. Entity Name	New Salem Fellowship's Missionary Baptist Church / S.H.A.O. E Outreach Crusade Ministries, INC.



N000000003170

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4690 Suite 4B Liscumb St.	P.O. Box 61927
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Palm Bay, FL	Palm Bay, FL
Zip	Zip
32905	32906-1927
Country	Country
D.S.A.	USA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-3645684	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	

7. Name and Address of Current 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

FEE IS \$61.25
Initial or Amended UBR

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	CEO
NAME	Berry, Lawrence Clifton
STREET ADDRESS	1245 APT 6 Palm Bay Road
CITY-ST-ZIP	Palm Bay, FL 32905
TITLE	VII
NAME	Berry, Alsera Rosetta
STREET ADDRESS	1245 APT 6 Palm Bay Road
CITY-ST-ZIP	Palm Bay, FL 32905
TITLE	Schofield, Ginger Mayor ST
NAME	
STREET ADDRESS	260 E. University Blvd APT C
CITY-ST-ZIP	Melbourne, FL 32901
TITLE	Treasurer
NAME	Stepford, Major
STREET ADDRESS	260 E. University Blvd APT C
CITY-ST-ZIP	Melbourne, FL 32901
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/03 321.726.6732

Date

Daytime Phone #

CR02037B (12/02)