FILED

Jul 23, 2003 8:00 am Secretary of State

07-23-2003 90059 048 ****70.00

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

DOCUMENT # N0000003170

1. Entity Name

NEW SALEM FELLOWSHIP MISSIONARY BAPTIST CHURCH/SALE. OUTREACH CRUSADE MINISTRIES INC.

·H·A·U·E·	"ON I KĒÝCH" CĤNOÝNE MINIO	HIED INC.						
Principal Place of Business 4690 SUITE 48 LIPSCOMB STREET PALM BAY FL 32905 US		Mailing Address PO BOX 61927 PALM BAY FL 32906-1927 US		1 10011101 017 017	IL BRINI BERNI BRINI BRINI BERNI BERNI	1 111 5 1 (1 1 15 1 5 1	<u> </u>	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING	CHANGES		
City & State		City & State		4. FEI Number 59-3645684 Applied For Not Application				
Zip Country		Zip	Zip Country		S. Certificate of Status Desired See Required See Required			
	6. Name and Address of Current I	Registered Agent		7. Name and Address of New Registered Agent				
			Name					
	LAWRENCE C REV T G104 PALM BAY ROAD		Street Addres	(P.O. Box Number is Not Acceptable)				
PALM BA	AY FL 32905							
~	,		City		FL	Zip Cod	e	
SIGNATURE	Signature, typed or printed name of registered agent a		E. Registered Agent signature requi		DATE	Davekia		
FILE NOW: FEE IS \$61:25 After September 10, 2003, min will be \$23			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 DIR	RECTORS	11.	ADDITIONS/CHANGE	S TO OFFICERS AND DIR	ECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD BERRY, LAWRENCE C 1245 APT G 104 PALM BAY ROA PALM BAY FL 32905	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTT BERRY, ALSEIA ROSITTA 1245 APT G 104 PALM BAY ROA PALM BAY FL 32905	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS -CITY=ST=ZIP	ST SCHOFIELD, GINGER MAYOR 260 E UNIVERSITY BLVD APT C MELBOURNE FL:33901-3290)	☐ Delete	TITLE NAME STREET ADDRESS	The Section with the Control	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasure STEPHON Major 260 E.UNI VETSIYSI Melbourne, EL 3	BIVO AAC	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		Change	Addition	
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TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition	

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 reporter 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 attachiner with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

7/20/03 32/126-6132

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

attachmen+

DOCUMENT# 1. Entity Name NEW Salem Fellowshi Church [5. H. A. O. E. O. Ministros, IN (s Missionary Boptis. Outreach Crusade	80133354 N0000003170							
DO NOT WR	ITE IN THIS SP	110000000000000000000000000000000000000							
Suite, Apt. #, etc.	Suite, Apr. #, etc. Palm Bog, F	P.O. BOX 61927 Suite, Apr. #, etc. error-123 Palm Boy, 1-132906-1927		DO NOT WRITE IN THIS SPACE					
City & State	City & State City & State Boy	. [-]	4. FEI Number	4	Applied For Not Applicable				
-Palm Bay-FL Country	Zip	Zip Country		\$0.75					
32905 B.S.A.	3296-1927	NSA	5. Certificate of Status De	Fee I	Required				
		Name	7. Name and Address of 0	Jurrent Registered Age	nt				
DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable)									
' IN THIS		· : :							
e in the	JIAUL				200				
		City		PL	Zip Coce				
The above named entity submits this state the obligations of registered agent.	ement for the purpose of changing its re	egistered office or register	ed agent, or both, in the sta	te of Florida. I am familia	r with, and accept				
•									
SIGNATURE **			, ·	DATE					
	ered agent and title it appacable. (NOTE: F	Registered Agent signature required	when reinstautigs	OATE					
FEE IS \$61:25 Initial or Amended UBF	9. Election Camp Trust Fund Co		\$5.00 May Be Added to Fees	Make Check Pa Florida Departmei	Company of the Company of the State of the Company				
	AND DIRECTORS	THE COLUMN TWO		<u>aria di Santa di Araba di Araba.</u> Di manda di Araba di	2				
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	.32905	CITY-ST-ZP			ZE03				
	RosiHal 1	NAME		10 de -	CR2				
STREET ADDRESS CHY-ST-ZIP REPT ADDRESS D45 ADTG-104 Palm Bay 5	In Bay Road	STREET ADDRESS CITY-ST-ZIP		0.00					
TIPLE Schoffeld, Give	or Mayor ST	Tiffe							
JAN E MARINANCE	LUBIUN APTC	NAME STREET ADDRESS							
CITY-ST-ZIP Melbournes	7. 3390/	CITY_SI-ZIP	· - DO NO	OT WRITE	_				
THE TOPISH P.		DITE :	i IN THI	S SPACE					
STREET ADDRESS STEPTON, MOJOR	1. RL 1104C	NAME STREET ADDRESS							
CITY-ST-ZIP 160 E, UNIVERSI	+nBlud AP+C	CITY ST-ZIP		100 mg 1 m					
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NTLE NAME		TITLE							
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CITY-ST-ZIP	n a santarian area a se area.	CTTY-ST-ZP	110 070						
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAGO OFFICER OR DIRECTOR Dave Dave Dave Dave Dave Dave Dave Dave									
SIGNATURE AND T	PPED OR PRINTED NAME OF SIGNING OFFICER OR	UKECTOR	Date	Daytime i	TKING #				