

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 16, 2005 08:00 AM
Secretary of State**

DOCUMENT # N01000005538

**1. Entity Name
NEW SEASON MINISTRIES, INC.**



**Principal Place of Business
112 CORTES AVE
ROYAL PALM BEACH, FL 33411**

**Mailing Address
112 CORTES AVE
ROYAL PALM BEACH, FL 33411**



01032005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1127708

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ANDERSON, DAVID M
112 CORTES AVE
ROYAL PALM BEACH, FL 33411**

**DO NOT WRITE
IN THIS SPACE**

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:

David M. Anderson

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

(NOTE: Registered Agent signature required when reinstating)

2/13/05

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME ANDERSON, DAVID M
STREET ADDRESS 112 CORTES AVE
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411

TITLE D
NAME ANDERSON, BARBARA M
STREET ADDRESS 112 CORTES AVE
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411

TITLE D
NAME BENZ, NORMAN D
STREET ADDRESS 10254 ALLAMANDA CIR
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE D
NAME BAUDHUIN, JOHN
STREET ADDRESS 4422 LACEY OAK DRIVE
CITY-ST-ZIP PBG, FL 33410

TITLE D
NAME SCHACHT, PAUL
STREET ADDRESS 918 MILL CREEK
CITY-ST-ZIP PBG, FL 33410

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 19.07(3)(f), 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:

David M. Anderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/05 561-236-1874

DATE

DAYTIME PHONE #