


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000008923 1. Entity Name NEW SALEM BAPTIST CHURCH, INC.	
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Principal Place of Business 3478 KYNESVILLE HIGHWAY MARIANNA FL 32448	Mailing Address 3478 KYNESVILLE HIGHWAY MARIANNA FL 32448
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2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc	Suite, Apt #, etc
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/04)

4. FEI Number 59-2399161	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**FORAN, SUE
3478 KYNESVILLE HIGHWAY
MARIANNA FL 32448**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	PT <input type="checkbox"/> Delete
NAME	BAXLEY, BILLY
STREET ADDRESS	3245 KYNESVILLE HIGHWAY
CITY-ST-ZIP	MARIANNA FL 32448
TITLE	V <input type="checkbox"/> Delete
NAME	REHBERG, VERA MAE
STREET ADDRESS	3290 KYNESVILLE HIGHWAY
CITY-ST-ZIP	MARIANNA FL 32448
TITLE	ST <input type="checkbox"/> Delete
NAME	FORAN, SUE
STREET ADDRESS	2239 FAIRVIEW ROAD
CITY-ST-ZIP	MARIANNA FL 32448
TITLE	D <input type="checkbox"/> Delete
NAME	HENDERSON, C W
STREET ADDRESS	2632 HENDERSON ROAD
CITY-ST-ZIP	COTTONDALE FL 32431
TITLE	D <input type="checkbox"/> Delete
NAME	REHBERG, SHIRLEY
STREET ADDRESS	3290 KYNESVILLE HIGHWAY
CITY-ST-ZIP	MARIANNA FL 32448
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U000000317916
STREET ADDRESS	04/20/05-80037-025 61.25
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(b), 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: Sue Foran SUE FORAN 4-13-05 850-482-2296
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #