


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000008923 1. Entity Name NEW SALEM BAPTIST CHURCH, INC.	
---	---

Principal Place of Business 3478 KYNESVILLE HIGHWAY MARIANNA FL 32448	Mailing Address 3478 KYNESVILLE HIGHWAY MARIANNA FL 32448
---	---



2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip
		Country

1st MOORE CR2E037 (10/05)

4. FEI Number 59-2399161	Applied For 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	PT	
NAME	BAXLEY, BILLY	<input type="checkbox"/>
STREET ADDRESS	3245 KYNESVILLE HIGHWAY	
CITY-ST-ZIP	MARIANNA FL 32448	
TITLE	V	<input type="checkbox"/>
NAME	REHBERG, VERA MAE	
STREET ADDRESS	3290 KYNESVILLE HIGHWAY	
CITY-ST-ZIP	MARIANNA FL 32448	
TITLE	ST	<input type="checkbox"/>
NAME	FORAN, SUE	
STREET ADDRESS	2239 FAIRVIEW ROAD	
CITY-ST-ZIP	MARIANNA FL 32448	
TITLE	D	<input type="checkbox"/>
NAME	HENDERSON, C W	
STREET ADDRESS	2632 HENDERSON ROAD	
CITY-ST-ZIP	COTTONDALE FL 32431	
TITLE	D	<input type="checkbox"/>
NAME	REHBERG, SHIRLEY	
STREET ADDRESS	3290 KYNESVILLE HIGHWAY	
CITY-ST-ZIP	MARIANNA FL 32448	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Add
TITLE	000000493286		
NAME	04/19/06-80099-021 61.25		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.