

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 11, 2007 8:00 am
Secretary of State

06-11-2007 90006 002 ****61.25

DOCUMENT # N0100008923
 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 - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country



1st MOORE CR2E037 (10/06)

4. FEI Number **59-2399161** Applied For Not Applicable

5. Certificate of Status Desired \$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 _____ (NOTE: Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2007

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

SIGNATURE: Sue Foran *Sue Foran* **6-5-07** **857-4824961**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #