


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 21, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N01000008923**

1. Entity Name  
**NEW SALEM BAPTIST CHURCH, INC.**



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



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and Florida applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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

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		
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	000000865535	
STREET ADDRESS	04/07/08-80032-017 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 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** 3-20-08 850.482-2295