


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 19, 2007 8:00 am
Secretary of State

07-19-2007 90025 014 ****75.00

DOCUMENT # N02000004814 1. Entity Name GREATER NEW SALEM PRIMITIVE BAPTIST CHURCH, INC.		
Principal Place of Business 1605 N NEBRASKA AVENUE TAMPA, FL 33602	Mailing Address 1605 N NEBRASKA AVENUE TAMPA, FL 33602	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LANE, THEODIS 1605 N NEBRASKA AVENUE TAMPA, FL 33602		
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) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>		
Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	July 16, 2007
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANE, THEODIS 8317 N RIVERHIGHLAND PL TAMPA, FL 33617	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, ALBERT 3407 N 48TH STREET TAMPA, FL 33617	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORTER, ANN R 2310 N BLVD TAMPA, FL 33602	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILKINS, M. 2807 BAYHAVEN TAMPA, FL 33611	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYES, LORENZO PO BOX 172022 TAMPA, FL 33672	
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 exemptions contained in Chapter 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: <u>Theodis Lane Theodis Lane</u> <u>7/16/2007</u> <u>(813) 227-7634</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>		

40126153



07162007 No Chg-NP CR2E037 (4/06)

4. FEI Number 22-3858453	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	