

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004814

FILED  
Jul 22, 2008  
Secretary of State

**Entity Name:** GREATER NEW SALEM PRIMITIVE BAPTIST CHURCH, INC.

**Current Principal Place of Business:**

1605 N NEBRASKA AVENUE  
TAMPA, FL 33602

**New Principal Place of Business:**

**Current Mailing Address:**

1605 N NEBRASKA AVENUE  
TAMPA, FL 33602

**New Mailing Address:**

**FEI Number:** 22-3858453      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

LANE, THEODIS  
1605 N NEBRASKA AVENUE  
TAMPA, FL 33602      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: LANE, THEODIS  
Address: 8317 N RIVERHIGHLAND PL  
City-St-Zip: TAMPA, FL 33617

Title: D      ( ) Delete  
Name: WILSON, ALBERT  
Address: 3407 N 48TH STREET  
City-St-Zip: TAMPA, FL 33617

Title: D      ( ) Delete  
Name: PORTER, ANN R  
Address: 2310 N BLVD  
City-St-Zip: TAMPA, FL 33602

Title: D      ( ) Delete  
Name: WILKINS, M.  
Address: 2807 BAYHAVEN  
City-St-Zip: TAMPA, FL 33611

Title: D      ( ) Delete  
Name: HAYES, LORENZO  
Address: PO BOX 172022  
City-St-Zip: TAMPA, FL 33672

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D      (X) Change ( ) Addition  
Name: LANE, THEODIS  
Address: 18012 COZUMEL ISLE  
City-St-Zip: TAMPA, FL 33647 33

Title: D      (X) Change ( ) Addition  
Name: WILSON, ALBERT  
Address: 1718 LAKEWOOD LOOP  
City-St-Zip: BRANDON, FL 33510

Title: D      (X) Change ( ) Addition  
Name: FORD, BRENDA S  
Address: 2015 E. HENRY AVE.  
City-St-Zip: TAMPA, FL 33610

Title: D      (X) Change ( ) Addition  
Name: WILKINS, M.  
Address: 6252 N. DALE MABRY HWY; APT. 505  
City-St-Zip: TAMPA, FL 33614

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THEODIS LANE

D

07/22/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date