


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N15090 1. Entity Name NEW SALEM MISSIONARY BAPTIST CHURCH, INC.	
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Principal Place of Business NEW SALEM M.B. CHURCH TALLAHASSEE, FL 32310-6159	Mailing Address 1201 SPRINGSAX RD TALLAHASSEE, FL 32310-6159
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03282005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3182051	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PARRISH, CHARLES J 1201 SPRINGSAX RD TALLAHASSEE, FL 32310

DO NOT WRITE IN THIS SPACE

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 reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCGOLLIE, JAMES E 1600 BAUM RD TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PARRISH, CHARLES J P. O. BOX 171, N/A LLOYD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOHNSON, WALTER 4201 ROCKINGHAM RD TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAMS, LEAROTHA P. O. BOX 20447, N/A TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>U000000316506 04/19/05-80081-020 70.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Charles J Parrish 4/18/05 (850) 977-3260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #