

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

DOCUMENT # N15090

1. Entity Name

NEW SALEM MISSIONARY BAPTIST CHURCH, INC.



FILED
Sep 03, 2008 08:00 AM
Secretary of State



Principal Place of Business

NEW SALEM M.B. CHURCH
TALLAHASSEE FL 32310-6159

Mailing Address

1201 SPRINGSAX RD
TALLAHASSEE FL 32310-6159

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

2nd MOORE

CR2E037 (4/08)

4. FEI Number

59-3182051

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARRISH, CHARLES J
1201 SPRINGSAX RD
TALLAHASSEE FL 32310

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

Charles J Parrish

8/30/08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By September 3, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME D
STREET ADDRESS PARRISH, CHARLES J
CITY-ST-ZIP P. O. BOX 171, N/A
LLOYD FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000958979
CITY-ST-ZIP 09/03/08-80011-018 61.25

TITLE ☐ Delete
NAME D
STREET ADDRESS JOHNSON, WALTER
CITY-ST-ZIP 4201 ROCKINGHAM RD
TALLAHASSEE FL

TITLE ☐ Change ☐ Addition
NAME *Walter Johnson*
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS WILLIAMS, LEAROTHA
CITY-ST-ZIP P. O. BOX 20447, N/A
TALLAHASSEE FL

TITLE ☐ Change ☐ Addition
NAME *Learotha Williams*
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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 empowering.

SIGNATURE:

Charles J Parrish

8/30/08