


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 17, 2005 8:00 am**  
**Secretary of State**

05-17-2005 90014 041 \*\*\*\*61.25

<b>DOCUMENT # N23230</b> 1. Entity Name <b>NEW HOME BAPTIST CHURCH, OF MADISON, INC.</b> <i>new Home Baptist Church</i>					
Principal Place of Business <i>new address</i> <b>%SIM ANDREWS</b> <b>RT. 1, BOX 665</b> <i>1100 SW Moseley Hall Rd</i> <b>MADISON, FL 32340</b> <i>Madison, FL 32340</i>				Mailing Address <b>%SIM ANDREWS</b> <b>RT. 1, BOX 665</b> <b>MADISON, FL 32340</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2139489</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				05092005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>ANDREWS, SIM</b> <b>RT. 1, BOX 665</b> <b>MADISON, FL 32340</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS <i>new address</i>			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	7227 CR 360	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BASS, WAYNE	<input type="checkbox"/> Delete	NAME		
STREET ADDRESS	RT. 1, BOX 850	<i>Madison, FL 32340</i>	STREET ADDRESS		
CITY-ST-ZIP	MADISON, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOWELL, PHILIP	<input type="checkbox"/> Delete	NAME		
STREET ADDRESS	RT BOX 725	<i>2310 Moseley Hall Rd</i>	STREET ADDRESS		
CITY-ST-ZIP	MADISON, FL 32340	<i>Madison, FL 32340</i>	CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TUTEN, DARRELL	<input type="checkbox"/> Delete	NAME		
STREET ADDRESS	RT. 1, BOX 738	<i>2519 SW Moseley Hall Rd</i>	STREET ADDRESS		
CITY-ST-ZIP	MADISON, FL	<i>Madison, FL 32340</i>	CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> <i>Darrell Tuten</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			5-1-05 850-973-6387 <small>Date Daytime Phone #</small>		