

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 10 PM 2:06

DOCUMENT # **N45354** (0)  
1. Corporation Name  
**NEW SALEM PRIMITIVE BAPTIST CHURCH OF JESUS CHRI  
ST, INCORPORATE D**

Principal Place of Business Mailing Address  
**1500 WEST 12TH STREET SANFORD FL 32771**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/27/1991** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **NOT APPLICABLE** Applied For  Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**DIXON, SHELIA  
3651 RONDA DRIVE  
DELTONA FL 32738**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	WRIGHT, WILLIAM (DEACON)
STREET ADDRESS	1409 WILLIAMS AVE.
CITY-ST-ZIP	SANFORD FL
TITLE	S
NAME	DIXON, SHELIA (CLERK)
STREET ADDRESS	3651 RONDA DR.
CITY-ST-ZIP	DELTONA FL
TITLE	TD
NAME	KNIGHT, JOHN (TRUSTEE)
STREET ADDRESS	1817 HARDING AVE.
CITY-ST-ZIP	SANFORD FL
TITLE	P
NAME	SIMPSON, EU (PASTOR)
STREET ADDRESS	3821 S. DENTON CIRCLE
CITY-ST-ZIP	COCOA FL
TITLE	D
NAME	THORNTON, CHARLES
STREET ADDRESS	4455 WHEATLEY ST.
CITY-ST-ZIP	ORLANDO FL
TITLE	D
NAME	JACKSON, DAVID.
STREET ADDRESS	1014 MANGOUSTINE AVE.
CITY-ST-ZIP	SANFORD FL 32771

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Isiah Rouse	
1.3 STREET ADDRESS	1705 Peach Avenue	
1.4 CITY-ST-ZIP	Sanford, FL 32771	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Shelia Dixon (401)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
1/19/95 328-4722  
X13500