

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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

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SANFORD FL 32771

3. Date Incorporated or Qualified
09/27/1991

3a. Date of Last Report
02/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

NOT APPLICABLE

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DIXON, SHELIA
3651 RONDA DRIVE
DELTONA FL 32738**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Rouse, Isiah	
1.3 STREET ADDRESS	Peach Avenue	
1.4 CITY-ST-ZIP	SANFORD, Florida 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)(k), 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 617, 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96
Date

work.
(407)328-4722
Daytime Phone #
Ext 3500

CR2E037 (12/95)