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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N45354

1. Corporation Name
**NEW SALEM PRIMITIVE BAPTIST CHURCH OF JESUS CHRI
 ST, INCORPORATE D**

Principal Place of Business 1500 WEST 12TH STREET SANFORD FL 32771	Mailing Address 1500 WEST 12TH STREET SANFORD FL 32771
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/27/1991
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
	Country 29	
	Zip 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 DIANN L. WYNN
 82 Street Address (P.O. Box Number is Not Acceptable) 1001 W. 16TH ST
 83
 84 City SANFORD 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 *Diann Wynn - Diann L. Wynn* DATE 1-6-99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	WRIGHT, WILLIAM (DEACON)	
STREET ADDRESS	1409 WILLIAMS AVE.	
CITY-ST-ZIP	SANFORD FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	DIXON, SHELIA (CLERK)	
STREET ADDRESS	3651 RONDA DR.	
CITY-ST-ZIP	DELTONA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	KNIGHT, JOHN (TRUSTEE)	
STREET ADDRESS	1817 HARDING AVE.	
CITY-ST-ZIP	SANFORD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROUSE, ISIAH	
STREET ADDRESS	1705 PEACH AVENUE	
CITY-ST-ZIP	SANFORD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JACKSON, DAVID,	
STREET ADDRESS	1014 MANGOUSTINE AVE.	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	REV. W. K. LITTLE (PASTOR-PRES. - CHRA of B+ Dir.	
1.3 STREET ADDRESS	1500 W. 12TH ST.	
1.4 CITY-ST-ZIP	SANFORD, FL 32271	
2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SEVERNIA LOCKHART	
2.3 STREET ADDRESS	1505 W. 16TH ST.	
2.4 CITY-ST-ZIP	SANFORD, FL 32271	
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 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 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, with all other like empowered.

SIGNATURE: *W. K. Little* DATE: 1/6/99 DAYTIME PHONE #: 407-322-6020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)