

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90343 009 \*\*\*\*61.25

**DOCUMENT # N45354**  
 1. Entity Name  
**NEW SALEM PRIMITIVE BAPTIST CHURCH OF JESUS CHRI**

Principal Place of Business      Mailing Address  
**1500 WEST 12TH STREET**      **1500 WEST 12TH STREET**  
**SANFORD FL 32771**      **SANFORD FL 32771-2754**



DO NOT WRITE IN THIS SPACE

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      Applied For  
**NOT APPLICABLE**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WYNN, DIANN**  
**1001 W. 10TH ST**  
**SANFORD FL 32271**

7. Name and Address of New Registered Agent

Name **JOYCE DAVIS**  
 Street Address (P.O. Box Number is Not Acceptable) **709 EAST 6th Street**  
 City **SANFORD**      FL      Zip Code **32771**

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

SIGNATURE *Joyce Davis*      DATE **4/27/00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**      9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**      **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>WRIGHT, WILLIAM (DEACON)</b> <b>1409 WILLIAMS AVE.</b> <b>SANFORD FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PO</b> <b>LITTLE, W.K. REV.</b> <b>1500 W. 12TH ST.</b> <b>SANFORD FL 32271</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>LOCKHART, SEVERNIA</b> <b>1505 W. 16TH S.</b> <b>SANFORD FL 32771</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROUSE, ISIAH</b> <b>1705 PEACH AVENUE</b> <b>SANFORD FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JACKSON, DAVID,</b> <b>1014 MANGOUSTINE AVE.</b> <b>SANFORD FL 32771</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1019 Oleander Avenue</b> <b>SANford, FL 32771</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *William Wright*      DATE: **4/27/00**      DAYTIME PHONE #: **407-323-2015**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)