

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90249 047 \*\*\*\*61.25

0012098

**DOCUMENT # N45354**



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

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

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 **NOT APPLICABLE**      Applied For  
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAVIS, JOYCE  
709 EAST 6TH STREET  
SANFORD FL 32771**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      **FL**      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      Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing       **\$5.00** May Be  
Trust Fund Contribution.      Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
VD	WRIGHT, WILLIAM (DEACON)	1409 WILLIAMS AVE.	SANFORD FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
T	LOCKHART, SEVERNIA	1019 OLEANDER AVENUE	SANFORD FL 32771	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	ROUSE, ISIAH	1705 PEACH AVENUE	SANFORD FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	JACKSON, DAVID,	1014 MANGOUSTINE AVE.	SANFORD FL 32771	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
P	BUXTON, HENRY ELDER	132 VISTA VERDI DRIVE	LAKE MARY FL 32746	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: **SIGNATURE REQUIRED** *William Wright* 4/25/03 407-322-7015

CR2E037 (10/02)