FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 FEB 15 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N47108

1. Corporation Name

New Salem Missionary Baptist Church of Tampa, INC.

Principal Place of Business	Mailing Address
405 N. Oregon Avenue Tampa, FL. 33606	c/o Kaydell O. Wright-Douglas 110 North Armenia Ave. Ste A Tampa, Florida 33606

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	01/31/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2390371 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

Wright-Douglas, Kaydell
110 N. Armenia Ave. Ste. A
Tampa, Florida 33603

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

500002778415--1
-02/17/99--01073--005
*****61.25 *****61.25

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.

500002778415--1
-02/17/99--01073--006
*****8.75 *****8.75

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	P	☒ Change ☒ Addition
NAME	Graham, Ronald		1.2 NAME	Henry T. Williams	
STREET ADDRESS	1920 State Street		1.3 STREET ADDRESS	416 S. Orleans	
CITY-ST-ZIP	Tampa, FL. 33606		1.4 CITY-ST-ZIP	Tampa, FL.	
TITLE	TD	☒ DELETE	2.1 TITLE	V	☒ Change ☒ Addition
NAME	Wilson, Linda		2.2 NAME	Starlin J. Martin	
STREET ADDRESS	4122 Grace Street		2.3 STREET ADDRESS	919 Fribley Street	
CITY-ST-ZIP	Tampa, FL.		2.4 CITY-ST-ZIP	Tampa, FL.	
TITLE	SD	☒ DELETE	3.1 TITLE	T	☒ Change ☒ Addition
NAME	Harvlyn Glmp		3.2 NAME	Parris Wilson	
STREET ADDRESS	4311 Cater Street		3.3 STREET ADDRESS	3201 E. Martin Luther King Blvd.	
CITY-ST-ZIP	Tampa, FL.		3.4 CITY-ST-ZIP	Tampa, FL.	
TITLE	V	☒ DELETE	4.1 TITLE	S	☒ Change ☒ Addition
NAME	Spencer, Rufus, Jr.		4.2 NAME	Willie Stokes	
STREET ADDRESS	2717 Bryan Manor Drive		4.3 STREET ADDRESS	2103 W. Minne haha Street	
CITY-ST-ZIP	Tampa, FL. 33511		4.4 CITY-ST-ZIP	Tampa, FL.	
TITLE	D	☒ DELETE	5.1 TITLE	D	☒ Change ☒ Addition
NAME	Martin, George Rev.		5.2 NAME	Mary Bryant	
STREET ADDRESS	1012 Kirkland Drive		5.3 STREET ADDRESS	4324 Green Street	
CITY-ST-ZIP	Tampa, FL. 33619		5.4 CITY-ST-ZIP	Tampa, FL.	
TITLE	D	☒ DELETE	6.1 TITLE	D	☒ Change ☒ Addition
NAME	Hall, Cassandra		6.2 NAME	Samuel Anthony	
STREET ADDRESS	4103 Grace Street		6.3 STREET ADDRESS	1902 State Street	
CITY-ST-ZIP	Tampa, FL. 33607		6.4 CITY-ST-ZIP	Tampa, FL.	

FEB 15 1999

CR2E037 (11/98)

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: Henry T. Williams Henry T. Williams February 10, 1999 (813) 251-4350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Attachment

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81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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84 City **FL** 85 Zip Code

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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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D Dunnigan, Arthur, Sr. 4208 Nassau Street Tampa, FL. 33607	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D Leonard Hart 3303 E. McBerry Street Tampa, FL.	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Ford, Maritha 706 N. Willow Ave. Tampa, FL. 33606	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D Isaiah Young 4010 LaSalle Street Tampa, FL.	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Ligon, Edna 3409 St. John Street Tampa, FL. 33607	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Monroe, Shirley 9010 Arndale Circle Tampa, FL. 33615	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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