2004 NOT-FOR-PROFIT CORPORATION

changed, or on an attachment with an address,

SIGNATURE:

with all other like empowered

Apr 30, 2004 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # N47108 04-30-2004 90215 006 ****70.00 Entity Name NEW SALEM MISSIONARY BAPTIST CHURCH OF TAMPA, INC. Principal Place of Business Mailing Address 405 N. OREGON AVENUE 405 N. OREGON AVENUE 94073740 TAMPA, FL 33606 TAMPA, FL 33606 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04272004 CR2E037 (10/03) City & State City & State 4. FEI Numbe Applied For 59-2390371 Not Applicable Zip \$8.75 Additional Country Zip Country П 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name OGUNTEBI, FEHINTOLA Street Address (P.O. Box Number is Not Acceptable) 109 N. ARMENIA AVE. STE. C TAMPA, FL 33609 City 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) Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State _ Added to Fees Due by May 1, 2004 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 President -STITLE VD Delete TITLE Addition Graham Romald 5619 Saifish Drive Lutz FL 33558 Vice President O'NEAL, LEWIS NAME NAME 1317 NORTH-B-STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33606 CITY-ST-ZIP Change Delete TITLE Addition TITLE Spencer, Rufus KLoop 511 Tuscany Far KLoop Brandon, FL 33511 NAME BEST, WYNIE K MAME 5/1 Tusan. Brandons STREET ADDRESS 9010 ARNDALE CIRCLE STREET ADDRESS CITY-ST-7IP TAMPA, FL: 33615 CITY-ST-ZIP Secretary Foster, Natalie 1805 No. Manhattan Avenue Change TITLE TD ☐ Delete TITLE ☐ Addition NAME WILSON, LINDA L NAME 4122 W. GRACE STREET STREET ADDRESS STREET ADDRESS TAMPA, FL 33607 CITY-ST-ZIP CITY-ST-ZIP Director Saunders, Karen A. Street Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS FL 33607 CITY-ST-ZIP Tampa, CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete ☐ Change Addition TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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

FILED