

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90066 005 ****61.25

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03072005 Chg-NP CR2E037 (10/03)

DOCUMENT # N47108 1. Entity Name NEW SALEM MISSIONARY BAPTIST CHURCH OF TAMPA, INC.					
Principal Place of Business 405 N. OREGON AVENUE TAMPA, FL 33606				Mailing Address 405 N. OREGON AVENUE TAMPA, FL 33606	
2. Principal Place of Business		3. Mailing Address 4532 W. Kennedy Blvd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. #333			
City & State		City & State Tampa, FL			
Zip	Country	Zip 33609	Country Hillsborough	4. FEI Number 59-2390371	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent OGUNTEBI, FEHINTOLA 109 N. ARMENIA AVE. STE. C TAMPA, FL 33609			7. Name and Address of New Registered Agent 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					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be 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 P NAME GRAHAM, RONALD STREET ADDRESS 5617 SAIFISH DRIVE CITY-ST-ZIP LUTZ, FL 33558	☒ Delete		TITLE Spencer, Rufus NAME 511 Tuscanny Park Loop STREET ADDRESS Brandon, FL 33511 CITY-ST-ZIP	☒ Change ☐ Addition	
TITLE VP NAME SPENCER, RUFUS STREET ADDRESS 511 TUSCANY PARK LOOP CITY-ST-ZIP BRANDON, FL 33511	☒ Delete		TITLE Jenkins, Thaddeus NAME 2714 N. Munro STREET ADDRESS Tampa, FL 33602 CITY-ST-ZIP	☒ Change ☐ Addition	
TITLE S NAME FOSTER, NATALIE STREET ADDRESS 1805 NO MANHATTAN AVENUE CITY-ST-ZIP TAMPA, FL 33607	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE D NAME SAUNDERS, KAREN A STREET ADDRESS 1710 ST CONRAD STREET CITY-ST-ZIP TAMPA, FL 33607	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE TD NAME WILSON, LINDA L STREET ADDRESS 4122 W. GRACE ST. CITY-ST-ZIP TAMPA, FL 33607	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP Evans, Dwayne 23023 Eagles Watch Dr. Land O Lakes, FL 34639	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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			Dwayne Evans		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 3/13/05 (813) 251-3389		