2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N47108

Entity Name: NEW SALEM MISSIONARY BAPTIST CHURCH OF TAMPA, INC.

Current Principal Place of Business:

405 N. OREGON AVENUE
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

4532 W KENNEDY BLVD #333
TAMPA, FL 33609

New Mailing Address:

FEI Number: 59-2390371 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BEST, WYNIE K
4532 W. KENNEDY BLVD.
#333
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	SPENCER, RUFUS	
Address:	511 TUSCANNY PARK LOOP	
City-St-Zip:	BRANDON, FL 33511	
Title:	VP	( ) Delete
Name:	HUGGINS, JOHN	
Address:	11928 TIMBER HILL DRIVE	
City-St-Zip:	RIVERVIEW, FL 33569	
Title:	S	( ) Delete
Name:	CHERYL, GRAHAM	
Address:	5617 SAILFISH DRIVE	
City-St-Zip:	TAMPA, FL 33558	
Title:	D	( ) Delete
Name:	SHEARED, LUE ELLA	
Address:	1315 W. STATE STREET	
City-St-Zip:	TAMPA, FL 33606	
Title:	TD	( ) Delete
Name:	EVANS, DWAYNE	
Address:	23023 EAGLES WATCH DR	
City-St-Zip:	LAND O LAKES, FL 34639	
Title:	D	( ) Delete
Name:	SPEARMAN, BEATRICE	
Address:	2420 E. EMMA STREET	
City-St-Zip:	TAMPA, FL 33610	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WYNIE K. BEST RA 04/29/2009
Electronic Signature of Signing Officer or Director — Date