

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 27, 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 ()****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:** S (X) Change () Addition
Name: BEST, WYNIE K
Address: 4532 W KENNEDY BLVD #333
City-St-Zip: TAMPA, FL 33609**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

05/27/2009

Electronic Signature of Signing Officer or Director

Date