

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735349

Entity Name: NEW WAY FELLOWSHIP PRAISE & WORSHIP CHURCH INC.**Current Principal Place of Business:**16800 N.W. 22ND AVENUE
MIAMI, FL 33056**Current Mailing Address:**16800 N.W. 22ND AVENUE
MIAMI, FL 33056**FEI Number:** 51-0202068**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BASKIN, BISHOP BILLY
14531 ARDOCH PLACE
HIALEAH, FL 33016 US*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**Officer/Director Detail :**

Title	D
Name	HANKERSON, FRANK
Address	1840 NW 167 ST.
City-State-Zip:	OPA LOCKA FL 33054

Title	PD
Name	BASKIN, BILLY
Address	14531 ARDOCH PLACE
City-State-Zip:	HIALEAH FL

Title	D
Name	COOK, JAMES
Address	3450 NW 195 TR
City-State-Zip:	MIAMI FL 33056

Title	D
Name	DAMES, NATHANIEL
Address	1419 NW 55 TR
City-State-Zip:	MIAMI FL 33142

Title	D
Name	ADAMS, LEOLA
Address	16800 NW 22 AVENUE
City-State-Zip:	MIAMI GARDENS FL 33056

Title	D
Name	WHITE, FRED
Address	16800 NW 22 AVENUE
City-State-Zip:	MIAMI GARDENS FL 33056

Title	TREASURER
Name	MOSLEY, CHARLES
Address	16800 N.W. 22ND AVENUE
City-State-Zip:	MIAMI FL 33056

Title	SECRETARY
Name	FORD, GEORGENA
Address	16800 N.W. 22ND AVENUE
City-State-Zip:	MIAMI FL 33056

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I hereby 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 all other like empowered.

SIGNATURE: BILLY BASKIN**PRESIDENT****04/30/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ROBINSON, WILLIAM
Address 16800 N.W. 22ND AVENUE
City-State-Zip: MIAMI FL 33056

Title DIRECTOR
Name WOODS, CLARENCE
Address 16800 N.W. 22ND AVENUE
City-State-Zip: MIAMI FL 33056

Title DIRECTOR
Name JOHNSON, SHIRLEY DR.
Address 16800 N.W. 22ND AVENUE
City-State-Zip: MIAMI FL 33056