## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000009796

FILED Mar 20, 2009 Secretary of State

Entity Name: NEW DIMENSIONS OF FAITH FELLOWSHIP, INC.

**Current Principal Place of Business: New Principal Place of Business:** 811 UNIVERSITY BLVD. BLDG. 1300 UNIT 104 JUPITER, FL 33458 **Current Mailing Address: New Mailing Address:** 811 UNIVERSITY BLVD. BLDG. P.O. BOX 32721 1300 UNIT 104 PALM BEACH GARDENS, FL 33420 JUPITER, FL 33458 FEI Number: 41-2063205 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ADAMS, MENYAN A 811-UNIVERSITY BLVD. BLDG. 1300 UNIT 104 JUPITER, FL 33458 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: CEO () Change () Addition () Delete ADAMS, MENYAN A Name: Name: 811 UNIVERSITY BLVD. Address: Address: City-St-Zip: JUPITER, FL 33458 City-St-Zip: Title: () Delete Title: () Change () Addition ADAMS, ANTHONY SR. Name: Name: Address: 811 UNIVERSITY BLVD. Address: City-St-Zip: JUPITER, FL 33458 City-St-Zip: Title: DS () Delete Title: () Change () Addition MALCOM, FRANCES Name: Name: 2918 W PINE STREET Address: Address: City-St-Zip: TAMPA, FL 33607 City-St-Zip: Title: ( ) Delete Title: () Change () Addition NORFLEET, JOSEPH BIS Name: Name: Address: 196 ATKINS ST Address: City-St-Zip: MERIDEN, CT 06450 City-St-Zip: Title: ( ) Delete Title: () Change () Addition GODDARD, VALERIE H CHR Name: Name: 2511 - KNOLLWOOD STREET Address: Address: City-St-Zip: TAMPA, FL 33614 HI City-St-Zip: Title: () Delete Title: () Change () Addition HOBBS, TRINETTE MRS. Name: Name: Address: 1355-TEMPLE BLVD Address: WEST PALM BEACH, FL 33412 City-St-Zip: 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: MENYAN A. ADAMS CEO 03/20/2009