


**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90010 049 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Katherine Harris Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # N98000003926</b> 1. Corporation Name <b>NEW FOUNDATION INTERNATIONAL MINISTRIES, INC.</b>		
Principal Place of Business 1528 RAVEN DRIVE S JACKSONVILLE FL 32218	Mailing Address 1528 RAVEN DRIVE S JACKSONVILLE FL 32218	



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date incorporated or Qualified 07/02/1998
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 59-3520573
23 City & State	28 City & State	Applied For Not Applicable
24 Zip	29 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
25	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent <b>DUFFY, MICHAEL D 1528 RAVEN DRIVE S JACKSONVILLE FL 32218</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE "D" <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	Pastor/Director Michael D. DUFFY 1528 Raven Dr S JACK FL 32218	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE "D" <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Director PAMELA R. DUFFY 1528 Raven Dr. S. JACK FL 32218	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE "D" <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer/Director Shirley Smith 12227 Cattail LN JACK FL 32223	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or given attachment with an address, with all other filers empowered.

SIGNATURE: *Michael D. Duffy* 1-4-99 904-757-3866

CR2E037 (1/98)