

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 21, 2009
Secretary of State**

DOCUMENT# N98000003926

Entity Name: NEW FOUNDATION INTERNATIONAL MINISTRIES, INC.

Current Principal Place of Business:

219 BRADFORD DRIVE
STARKE, FL 32091

New Principal Place of Business:

Current Mailing Address:

219 BRADFORD DRIVE
STARKE, FL 32091

New Mailing Address:

FEI Number: 59-3520573 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUFFY, MICHAEL D
219 BRADFORD DRIVE
STARKE, FL 32091 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: PD () Delete
Name: DUFFY, MICHAEL D
Address: 219 BRADFORD DRIVE
City-St-Zip: STARKE, FL 32091

Title: SD () Delete
Name: DUFFY, PAMELA R
Address: 219 BRADFORD DRIVE
City-St-Zip: STARKE, FL 32091

Title: TD () Delete
Name: SMITH, SHIRLEY
Address: 12227 CATTAIL LN
City-St-Zip: JACKSONVILLE, FL 32223

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:

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: MICHAEL D DUFFY

PD

01/21/2009

Electronic Signature of Signing Officer or Director

_____ Date