

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90273 022 \*\*\*\*72.00

DOCUMENT # F03000001220

1. Entity Name  
NEW NATIONS MINISTRY INC.



Principal Place of Business

903 JONES AVENUE  
MARION, SC 29571

Mailing Address

P O BOX 731  
MARION, SC 29571



01172006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
56-2307766

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FAIRLEY, DON BISHOP  
839 CYPRESS STREET  
DAYTONA BEACH, FL 32114

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PCD  
FAIRLEY, DON E BISHOP  
903 JONES AVENUE  
MARION, SC 29571

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
V  
MOODY, NANCY  
1394 TANTABE ROAD  
MURRELLS INLET, SC 29576

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S  
WASHINGTON, TANA  
832 W. VIRGINIA ROAD  
GEORGETOWN, SC 29440

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
T  
CROSS, RUBY  
303 WATSON STREET  
MARION, SC 29571

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
MOODY, NANCY  
1394 TUNTABE ROAD  
MURRELLS INLET, SC 29576

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
WASSTON, ANTHONY  
832 W. VIRGINIA ROAD  
GEORGETOWN, SC 29440

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/06