

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 21, 2008 8:00 am
Secretary of State

05-21-2008 90025 018 *****72.00

DOCUMENT # F03000001220

1. Entity Name
NEW NATIONS MINISTRY INC.



00042000

Principal Place of Business
903 JONES AVENUE
MARION, SC 29571

Mailing Address
P O BOX 731
MARION, SC 29571



01172008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2307766	Applied For Not Applicable
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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, 2008**

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

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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 #