

**2010 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F03000001220

1. Entity Name
NEW NATIONS MINISTRY INC.



FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAY - 4 PM 2:01

Principal Place of Business

903 JONES AVENUE
MARION, SC 29571

Mailing Address

P O BOX 731
MARION, SC 29571

KS



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 reissuing)

DATE

Filing Fee is **\$61.25**
Due by May 1, 2010

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	FAIRLEY, DON E BISHOP
STREET ADDRESS	903 JONES AVENUE
CITY-STATE-ZIP	MARION, SC 29571
TITLE	V
NAME	MOODY, NANCY
STREET ADDRESS	1394 TANTABE ROAD
CITY-STATE-ZIP	MURRELLS INLET, SC 29576
TITLE	S
NAME	WASHINGTON, TANA
STREET ADDRESS	832 W. VIRGINIA ROAD
CITY-STATE-ZIP	GEORGETOWN, SC 29440
TITLE	T
NAME	CROSS, RUBY
STREET ADDRESS	303 WATSON STREET
CITY-STATE-ZIP	MARION, SC 29571
TITLE	D
NAME	MOODY, NANCY
STREET ADDRESS	1394 TUNTABE ROAD
CITY-STATE-ZIP	MURRELLS INLET, SC 29576
TITLE	D
NAME	WASSTON, ANTHONY
STREET ADDRESS	832 W VIRGINIA ROAD
CITY-STATE-ZIP	GEORGETOWN, SC 29440

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**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 #