

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000184

FILED
Jan 05, 2009
Secretary of State

Entity Name: NEWNESS INTERNATIONAL PRAYER MINISTRIES, INC.

Current Principal Place of Business:

4417 DAVID AVE.
ORLANDO, FL 32839

New Principal Place of Business:

2231 SIPES AVE
ORLANDO, FL 32771

Current Mailing Address:

325 E HIGHLAND ST.
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

FEI Number: 59-3615894 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

JOHNSON, EVONITA
4417 DAVID AVE.
ORLANDO, FL 32839 US

Name and Address of New Registered Agent:

JOHNSON, EVONITA
325 E. HIGHLAND ST
ALTAMONTE SPRINGS, FL 32701 US

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

01/05/2009

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JOHNSON, EVONITA
Address: 4417 DAVID AVE.
City-St-Zip: ORLANDO, FL 32839

Title: TD () Delete
Name: SHUMPERT, EVONNE
Address: 4549 CAL CT
City-St-Zip: ORLANDO, FL 32808

Title: SD () Delete
Name: SCOTT, SHWANDA T
Address: 4567 MARSHALL ST
City-St-Zip: ORLANDO, FL 32811

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JOHNSON, EVONITA
Address: 325 E. HIGHLAND ST
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: TD (X) Change () Addition
Name: SHUMPERT, EVONNE
Address: 4655 BACO VISTA CT
City-St-Zip: ORLANDO, FL 32808

Title: SD (X) Change () Addition
Name: SCOTT, TISHWANDA L
Address: 4417 DAVID AVE
City-St-Zip: ORLANDO, FL 32839

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: EVONITA C. JOHNSON

PD

01/05/2009

Electronic Signature of Signing Officer or Director

Date