

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005371

FILED
Apr 30, 2009
Secretary of State

Entity Name: NEW FOUND FREEDOM OUTREACH MINISTRIES, INC.

Current Principal Place of Business:

8610 CAUSEWAY BLVD.
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 8793
TAMPA, FL 33674

New Mailing Address:

FEI Number: 35-2189407

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WATLEY, ROBIN
1507 FISH FIN COURT
TAMPA, FL 33619 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: PCD () Delete
Name: WATLEY, ROBIN E
Address: 1507 FISH FIN COURT
City-St-Zip: TAMPA, FL 33619

Title: SD () Delete
Name: SAMS, PAMELA
Address: 1718 STRATFORD STREET
City-St-Zip: SAVANNAN, GA 31402

Title: TD () Delete
Name: BOWERS, ARECIA
Address: 1507 FISH FIN COURT
City-St-Zip: TAMPA, FL 33619

Title: C () Delete
Name: BOLLING, ELOUISE
Address: 132-47 156TH STREET
City-St-Zip: JAMAICA, NY 114343325

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:

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: ROBIN E WATLEY

PCD

04/30/2009

Electronic Signature of Signing Officer or Director

Date