

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

**FILED  
Jan 31, 2006  
Secretary of State**

DOCUMENT# N01000005975

Entity Name: NEW WINESKIN CHRISTIAN FELLOWSHIP, INC.

**Current Principal Place of Business:**

216 BAYBERRY DR  
PLANTATION, FL 33317

**New Principal Place of Business:**

**Current Mailing Address:**

216 BAYBERRY DR  
PLANTATION, FL 33317

**New Mailing Address:**

FEI Number: 65-0781253      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BROWNE, REGINALD L DR.  
216 BAYBERRY DR  
PLANTATION, FL 33317      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: DP      ( ) Delete  
Name: BROWNE, REGINALD L DR.  
Address: 216 BAYBERRY DR  
City-St-Zip: PLANTATION, FL 33317

Title: DT      ( ) Delete  
Name: JACKSON, DENNIS DR  
Address: 2370 NW 174 TERR.  
City-St-Zip: MIAMI, FL 33056

Title: DS      ( ) Delete  
Name: BROWNE, LYNDA J  
Address: 216 BAYBERRY DR  
City-St-Zip: PLANTATION, FL 33317

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: DR. REGINALD L. BROWNE

DP

01/31/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date