2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005975

FILED Feb 25, 2009 Secretary of State

Entity Name: NEW WINESKIN CHRISTIAN FELLOWSHIP, INC.

Current Principal Place of Business: New Principal Place of Business:

4200 S.W. 54TH COURT DANIA BEACH, FL 33314

Current Mailing Address: New Mailing Address:

216 BAYBERRY DR 4200 S.W. 54TH COURT PLANTATION, FL 33317 DANIA BEACH, FL 33314

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

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

BROWNE, REGINALD L DR.

216 BAYBERRY DR

PLANTATION, FL 33317 US

NEW WINESKIN FAMILY MINISTRIES
4200 S.W. 54TH COURT
DANIA BEACH, FL 33314 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: LORIN BROWNE 02/25/2009

Electronic Signature of Registered Agent Date

City-St-Zip:

OFFICERS AND DIRECTORS:

MIRAMAR, FL 33027

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:DP () DeleteTitle:DP (X) Change () AdditionName:BROWNE, REGINALD L DR.Name:BROWNE, LORIN ED.D.Address:216 BAYBERRY DRAddress:4200 S.W. COURT

City-St-Zip: PLANTATION, FL 33317 City-St-Zip: DANIA BEACH, FL 33314

Title: DT () Delete Title: () Change () Addition
Name: MULLINGS, ANTHONY MR. Name:
Address: 12856 S.W. 28TH COURT Address:

Title: DS () Delete Title: DS (X) Change () Addition

 Name:
 BROWNE, LYNDA J
 Name:
 JACKSON, JÖYCE

 Address:
 216 BAYBERRY DR
 Address:
 4200 S.W. 54TH COURT

 City-St-Zip:
 PLANTATION, FL 33317
 City-St-Zip:
 DANIA BEACH, FL 33314

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: LORIN BROWNE DP 02/25/2009