

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000538

FILED
Apr 30, 2005
Secretary of State

Entity Name: NEW FOUNDATIONS MINISTRIES, INC.

Current Principal Place of Business:

241812 CR 121
HILLIARD, FL 320469606

New Principal Place of Business:

241812 CR 121
HILLIARD, FL 320467410

Current Mailing Address:

241812 CR 121
HILLIARD, FL 320469606

New Mailing Address:

241812 CR 121
HILLIARD, FL 320467410

FEI Number: 74-3047487

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORGAN, ROBERT M ESQ
10110 SAN JOSE BLVD
JACKSONVILLE, FL 32257 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: P/D () Delete
Name: HAWKINS, STANLEY M DR.
Address: 4901 BILTMORE DRIVE
City-St-Zip: CORAL GABLES, FL 33124 US

Title: T/D () Delete
Name: DOYLE, GARY A MR.
Address: 241812 CR 121
City-St-Zip: HILLIARD, FL 320469606 US

Title: S/D () Delete
Name: DAUGHTERY, ALAN MR.
Address: 4961 FARRELL LANE
City-St-Zip: JACKSONVILLE, FL 32257 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T/D (X) Change () Addition
Name: DOYLE, GARY A MR.
Address: 241812 CR 121
City-St-Zip: HILLIARD, FL 320467410 US

Title: S/D (X) Change () Addition
Name: SIMMONS, MAURICE MR.
Address: 2010 DONNELLY PLACE
City-St-Zip: MOUNT DORA, FL 32757 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GARY A. DOYLE

T/D

04/30/2005

Electronic Signature of Signing Officer or Director

Date