2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000538

Entity Name: NEW FOUNDATIONS MINISTRIES, INC.

FILED Apr 28, 2006 Secretary of State

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

241812 CR 121 241812 CR 121

HILLIARD, FL 320467410 HILLIARD, FL 32046 US

Current Mailing Address: New Mailing Address:

241812 CR 121 241812 CR 121

HILLIARD, FL 320467410 HILLIARD, FL 32046 US

FEI Number: 74-3047487 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MORGAN, ROBERT M ESQ 10110 SAN JOSE BLVD JACKSONVILLE, FL 32257

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:

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Electronic Signature of Registered Agent

US

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 320467410 US

 Title:
 S/D
 () Delete

 Name:
 SIMMONS, MAURICE MR.

 Address:
 2010 DONNELLY PLACE

 City-St-Zip:
 MOUNT DORA, FL 32757 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HAWKINS, STANLEY M DR.
Address: 2010 DONNELLY PLACE
City-St-Zip: MOUNT DORA, FL 32757 US

Title: T (X) Change () Addition

 Name:
 DOYLE, GARY A MR.

 Address:
 241812 CR 121

 City-St-Zip:
 HILLIARD, FL 32046 US

Title: S (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 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: GARY A. DOYLE T 04/28/2006