2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# N02000000538

Entity Name: NEW FOUNDATIONS MINISTRIES, INC.

Current Principal Place of Business:

241812 CR 121
HILLIARD, FL 32046 US

New Principal Place of Business:

241812 W. COUNTY RD. 121
HILLIARD, FL 32046 US

Current Mailing Address:

241812 CR 121
HILLIARD, FL 32046 US

New Mailing Address:

241812 W. COUNTY RD. 121
HILLIARD, FL 32046 US

FEI Number: 74-3047487 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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 ( ) Delete
Name: HAWKINS, STANLEY M DR.
Address: 2010 DONNELLY PLACE
City-St-Zip: MOUNT DORA, FL 32757 US

Title: T ( ) Delete
Name: DOYLE, GARY A MR.
Address: 241812 CR 121
City-St-Zip: HILLIARD, FL 32046 US

Title: S ( ) 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: 241812 W. COUNTY RD. 121
City-St-Zip: HILLIARD, FL 32046 US

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

Title: S (X) Change ( ) Addition
Name: KINDIG, DAVID A MR.
Address: 369 APPLE L;ANE
City-St-Zip: MANSFIELD, OH 44905 US

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: GARY A. DOYLE TREA 05/01/2008
Electronic Signature of Signing Officer or Director — Date