

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003528

FILED
Sep 08, 2004
Secretary of State**Entity Name:** NEW MILLENNIUM FELLOWSHIP INTERNATIONAL MINISTRIES, INC.**Current Principal Place of Business:**23009 PEACHLAND BLVD.
PORT CHARLOTTE, FL 33954**New Principal Place of Business:****Current Mailing Address:**23009 PEACHLAND BLVD.
PORT CHARLOTTE, FL 33954**New Mailing Address:****FEI Number:** 74-3047762**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ROBINSON, JIMMIE L
23009 PEACHLAND BLVD.
PORT CHARLOTTE, FL 33954 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: PD () Delete
Name: ROBINSON, JIMMIE L
Address: 23009 PEACHLAND BLVD.
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: VD () Delete
Name: ROBINSON, EDWIN L
Address: 23009 PEACHLAND BLVD.
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: SD () Delete
Name: ROBINSON, JOANNE W
Address: 2736 20TH STREET
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: TD () Delete
Name: POLLOCK, CLYDE
Address: POST OFFICE BOX 390
City-St-Zip: ZELLWOOD, FL 327980390

Title: D () Delete
Name: POLLOCK, BARBARA
Address: POST OFFICE BOX 390
City-St-Zip: ZELLWOOD, FL 327980390

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:

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 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: JIMMY L ROBINSON

PD

09/08/2004

Electronic Signature of Signing Officer or Director

Date