

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003528

FILED
Jun 19, 2006
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:

5780 KENWOOD AVE
NORTH PORT, FL 34287

Current Mailing Address:

23009 PEACHLAND BLVD.
PORT CHARLOTTE, FL 33954

New Mailing Address:

4914 MAHONIA DRIVE.
CHARLOTTESVILLE, VA 22911

FEI Number: 74-3047762 **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:

ROBINSON, JIMMIE L
23009 PEACHLAND BLVD.
PORT CHARLOTTE, FL 33954 US

Name and Address of New Registered Agent:

ROBINSON, JIMMIE L
4914 MAHONIA DRIVE
CHARLOTTESVILLE, VA, FL 22911 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: _____

06/19/2006

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: PD (X) Change () Addition
Name: ROBINSON, JIMMIE L
Address: 4914 MAHONIA DRIVE
City-St-Zip: CHARLOTTESVILLE, VA 22911

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 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: JIMMIE L. ROBINSON

PD

06/19/2006

Electronic Signature of Signing Officer or Director

Date