

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003528

FILED  
Apr 09, 2007  
Secretary of State

**Entity Name:** NEW MILLENNIUM FELLOWSHIP INTERNATIONAL MINISTRIES, INC.

**Current Principal Place of Business:**

5780 KENWOOD AVE  
NORTH PORT, FL 34287

**New Principal Place of Business:**

**Current Mailing Address:**

4914 MAHONIA DRIVE  
CHARLOTTESVILLE, VA 22911

**New Mailing Address:**

1506 WESTFIELD COURT  
CHARLOTTESVILLE, VA 22901

**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  
4914 MAHONIA DRIVE  
CHARLOTTESVILLE, VA, FL 22911 US

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

ROBINSON, JIMMIE L  
1506 WESTFIELD COURT  
CHARLOTTESVILLE, VA, FL 22901 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:

04/09/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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: 1506 WESTFIELD COURT  
City-St-Zip: CHARLOTTESVILLE, VA 22901

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

04/09/2007

Electronic Signature of Signing Officer or Director

Date