

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003528

FILED  
Apr 29, 2010  
Secretary of State

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

**Current Principal Place of Business:**

6775 HOLLY STREET  
ZELLWOOD, FL 32798

**New Principal Place of Business:**

**Current Mailing Address:**

2400 BENNINGTON ROAD  
CHARLOTTESVILLE, VA 22901

**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  
2400 BENNINGTON ROAD  
CHARLOTTESVILLE, VA, FL 22901 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  
Name: ROBINSON, JIMMIE L  
Address: 2400 BENNINGTON ROAD  
City-St-Zip: CHARLOTTESVILLE, VA 22901

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

Title: SD  
Name: ROBINSON, JOANNE W  
Address: 2400 BENNINGTON ROAD  
City-St-Zip: CHARLOTTESVILLE, VA 22901

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

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

I hereby 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 all other like empowered.

SIGNATURE: JIMMIE L ROBINSON

PRES

04/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date