## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000000653

FILED Feb 26, 2009 Secretary of State

Entity Name: NEW DESTINY INTERNATIONAL MINISTRIES, INCORPORATED

**Current Principal Place of Business: New Principal Place of Business:** 1901 LAUDERHILL MIDDLE SCHOOL LAUDERHILL, FL 33313 **Current Mailing Address: New Mailing Address:** P O BOX 25022 FORT LAUDERDALE, FL 33320 US FEI Number: 11-3671173 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BENNETT, WOODROW 9545 NEW WATERFORD COVE DELRAY BEACH, FL 33446 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DPT () Delete () Change () Addition BENNETT, WOODROW Name: Name: 9545 NEW WATERFORD COVE Address: Address: City-St-Zip: DELRAY BEACH, FL 33446 US City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition BLUE, BRIGITTE C Name: BLUE, BRIGITTE C Name: Address: PO BOX 9862 Address: 4856 NW 1ST STREET City-St-Zip: FORT LAUDERDALE, FL 33310 US City-St-Zip: PLANTATION, FL 33317 US Title: () Delete Title: (X) Change ( ) Addition HUGHES-MURPHY, MYRNA HUGHES-MURPHY, MYRNA Name: Name: 2509 VICTORIA POINT DRIVE 4001 NW 88TH AVENUE, UNIT 120 Address: Address: City-St-Zip: JACKSONVILLE, FL 32218 US City-St-Zip: SUNRISE, FL 33351 US Title: (X) Delete Title: () Change () Addition Name: WILLIAMS, THOMAS R Name: Address: 2728 NW 39TH WAY, UNIT 201 Address: City-St-Zip: LAUDERDALE LAKES, FL 33311 City-St-Zip: Title: DVPS () Delete Title: () Change () Addition BENNETT, ERMA I Name: Name: 9545 NEW WATERFORD COVE Address: Address: City-St-Zip: DELRAY BEACH, FL 33446 US City-St-Zip:

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: ERMA I. BENNETT DVPS 02/26/2009