

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002542

FILED
Apr 28, 2005
Secretary of State

Entity Name: NEW DIMENSIONS OUTREACH MINISTRIES, INC.

Current Principal Place of Business:

4756 NW 167 S
MIAMI, FL 33014

New Principal Place of Business:

Current Mailing Address:

4756 NW 167 S
MIAMI, FL 33014

New Mailing Address:

FEI Number: 02-0684486

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NELSON, BARBARA
16111 SW 109 AVE
MIAMI, FL 33157 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: D () Delete
Name: MCKENZIE, EMANUEL J
Address: 1967 SW 94TH AVE
City-St-Zip: MIRAMAR, FL 33025

Title: PD () Delete
Name: MCKENZIE, KATHY L
Address: 1967 SW 94TH AVE
City-St-Zip: MIRAMAR, FL 33025

Title: CHD () Delete
Name: JOHNSON, HENRY
Address: 891 NW 213 TERR, APT 207
City-St-Zip: N MIAMI, FL 33169

Title: S () Delete
Name: LEWIS, RHONDA
Address: 10905 SW 177 TERR
City-St-Zip: MIAMI, FL 33156

Title: T () Delete
Name: NELSON, BARBARA
Address: 16111 SW 109 AVE
City-St-Zip: MIAMI, FL 33157

Title: CH () Delete
Name: FRANCOIS, LIZCA
Address: 4435 SW 24TH ST
City-St-Zip: HOLLYWOOD, FL 33023

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:

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: EMANUEL J MCKENZIE

D

04/28/2005

Electronic Signature of Signing Officer or Director

Date