2004 NOT-FOR-PROFIT CORPORATION

| ANNUAL REPORT (AR) | | | | | 05-06-2004.99159'005'****69.25 | | |
|--|---|--|--|--|--|----------------------------------|---------------------------|
| DOCUMENT # N0300005616 1. Entity Name | | | | | 04 Մ 15 ՀՈ 9:00 | | |
| NEW DIMENSION CHRISTIAN FAITH FELLOWSHIP U.S.A., INC. | | | | | SEC | | |
| Principal Place | of Business | Mailing Address | | | TALL | - STATE - ORIDA | |
| 1012 E. LINE LEESBURG F US | | 1012 E. LINE STREET LEESBURG FL 34748 US | | } | L restricts till Selen till gett bett bett | | 4 f |
| 2. Principal Place of Business | | 3. Mailing Address | 3. Mailing Address | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | MOORE 0 | R2E037 (11/03) | |
| City & State | | City & State | | 4 | FEI Number 42 - 1571035 | Api No | plied For t Applicable |
| Zip | Country | Zip | Country | 5 | Certificate of Status Desired | \$8.75 Addi Fee Required | |
| | 6. Name and Address of Curre | nt Registered Agent | Name | 7 | , Name and Address of New Reg | istered Agent | |
| MIDDLETON, ARTHUR 1012 E. LINE STREET | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| LEE | SBURG FL 34748 | | | , | | | |
| # : | | | City | FL Zip Code | | | |
| | named entity submits this statement ions of registered agent. | t for the purpose of changing its re | egistered office or re | egistered | agent, or both, in the State of Florid | la. I am familiar with, | and accept |
| SIGNATURE - | si Signature, typed or printed name of registered ag | a | Etc. M.J.C. Registered Agent signature | Meto | | -4-04 | · |
| e25 (37) | FILE NOW: FEE IS \$61.25 Due By May 1, 2004 | 9. Election Cam Trust Fund Co | paign Financing | _ \$ | 5.00 May Be Make | Check Payable Department of S | to. 🧠 🐫 |
| 10. | OFFICERS AND | | 11. | D ADI | DITIONS/CHANGES TO OFFICERS | | |
| NAME STREET ADDRESS | MIDDLETON, ARTHUR 1012 E. LINE STREET LEESBURG FL 34748 | ☐ Delete | TITLE NAME STREET ADORESS | Isaa 200 | c D Wilkes Sr. Wright Street | ☐ Change | Addition Addition |
| CITY-ST-ZIP | LEESBONG FE 34/46 | | CITY-ST-ZIP | Grov | eland, FL 34736 | | 57 4440 |
| TITLE NAME | <u>;</u> | ☐ Delete | TITLE NAME | _ | Anderson | ☐ Change | ★ Addition |
| STREET ADDRESS CITY+ST-ZIP | | | STREET ADDRESS CITY-ST-ZIP | 410 | West Highway 50 mont, FL 34711 | | |
| TITLE NAME | <u> </u> | Oelete | TITLE NAME | D | – | ☐ Change | Addition |
| STREET ADDRESS CITY-ST-ZIP | 1 | | STREET ADDRESS CITY-ST-ZIP | 5177 | ie Caison Tallywood Ct. | | |
| TITLE | | ☐ Delete | LULTE | - grla | ndo, FL 32808 | ☐ Change | Addition |
| NAME STREET ADDRESS | | | NAME STREET ADDRESS | 3520 | ent Holmes South Orange Ave. | — . | _ |
| CITY-ST-ZIP | | | CITY-ST-ZIP | Orla | ndo, FL332806 | | |
| TITLE 1 NAME | | ☐ Delete | TITLE NAME | | • | ☐ Change | ☐ Addition |
| STREET ADDRESS CITY-ST-ZIP | , | | STREET ADORESS CITY-ST-ZIP | | • | • | |
| TITLE | | ☐ Delete | TITLE | | | ☐ Change | Addition |
| STREET ADDRESS | į į | | NAME STREET ADDRESS | | • | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | |
| indicated of the cor | certify that the information supplied ton this report or supplemental report reporation or the receiver or trustee e t, or on an attachment with an addres | ort is true and accurate and that me powered to execute this report : | ny signature shall ha | ave the sa | me legal effect as if made under oa | th; that I am an officer | or director |