

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000003735

1. Entity Name
NEW DIMENSION OF FAITH MINISTRY, INC.



Principal Place of Business
**1327 LONG STREET
LAKELAND, FL 33801-2925**

Mailing Address
**1327 LONG STREET
LAKELAND, FL 33801-2925**



04092007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0911176

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JENKINS, SOLOMON G
1327 LONG STREET
LAKELAND, FL 33801-2925**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JENKINS, SOLOMON G
STREET ADDRESS	1327 LONG STREET
CITY - ST - ZIP	LAKELAND, FL 338012925
TITLE	V
NAME	JENKINS, PATRICIA A
STREET ADDRESS	1327 LONG STREET
CITY - ST - ZIP	LAKELAND, FL 338012925
TITLE	T
NAME	BLAKE, KENNY
STREET ADDRESS	1707 BLOSSOM CIRCLE EAST
CITY - ST - ZIP	LAKELAND, FL 33805
TITLE	D
NAME	BALOGUN, PATRICE
STREET ADDRESS	127 WEST 14TH STREET
CITY - ST - ZIP	LAKELAND, FL 33805
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000716455
04/30/07-80009-003 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Solomon G. Jenkins **Solomon G. Jenkins** 4-17-07 (863) 668-8752