2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# N04000008270

Entity Name: NEW DESTINY MINISTRIES, INC.

Current Principal Place of Business:

11200 DR. MARTIN LUTHER KING STREET
SUITE 200
ST. PETERSBURG, FL 33716 US

New Principal Place of Business:

Current Mailing Address:

11200 DR. MARTIN LUTHER KING STREET
SUITE 200
ST. PETERSBURG, FL 33716 US

New Mailing Address:

FEI Number: 42-1641347 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RHODES, BEN W SR.
7520 CLEARVIEW DRIVE
TAMPA, FL 33634 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: P ( ) Delete
Name: LETT, EDWIN D
Address: 7070 BAYOU WEST PLACE
City-St-Zip: PINELLAS PARK, FL 33782 US

Title: DST ( ) Delete
Name: AGNEW, DOUGLAS
Address: 7015 BAYOU WEST PLACE
City-St-Zip: PINELLAS PARK, FL 33782 US

Title: D ( ) Delete
Name: LETT, CARMEN
Address: 7070 BAYOU WEST PLACE
City-St-Zip: PINELLAS PARK, FL 33782 US

Title: D (X) Delete
Name: RHODES, BEN W SR.
Address: 7520 CLEARVIEW DRIVE
City-St-Zip: TAMPA, FL 33634 US

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:

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: DOUGLAS AGNEW DST 04/16/2009

Electronic Signature of Signing Officer or Director — Date