

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001665

FILED
Feb 26, 2007
Secretary of State

Entity Name: NEW DIRECTION INTERNATIONAL WOMEN'S OUTREACH MINITRIES, INC.

Current Principal Place of Business:

4020 S.W. HALCOMB STREET
PORT ST LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

4020 S.W. HALCOMB STREET
PORT ST LUCIE, FL 34953

New Mailing Address:

FEI Number: 43-2079577

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEE, WILLIE MAE
4038 S.W. HALCOMB STREET
PORT ST LUCIE, FL 34953 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: DP () Delete
Name: LEE, WILLIE MAE
Address: 4020 S.W. HALCOMB STREET
City-St-Zip: PORT ST LUCIE, FL 34953

Title: DV () Delete
Name: WILLIAMS, CHERYL
Address: 4038 S.W. HALCOMB STREET
City-St-Zip: PORT ST LUCIE, FL 34953

Title: DT () Delete
Name: MILLER, DOROTHY
Address: 4038 S.W. HALCOMB STREET
City-St-Zip: PORT ST LUCIE, FL 34953

Title: DS () Delete
Name: MULLINGS, LINDA
Address: 635 CLERA LAKE AVE
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: SHANNON, MATTIE
Address: 1350 W 2ND STREET
City-St-Zip: RIVIERA BEACH, FL 33404

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIE MAE LEE

DP

02/26/2007

Electronic Signature of Signing Officer or Director

Date