


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 16, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90190 014 \*\*\*\*61.25

|  |  |  |   |   |  |
|--|--|--|---|---|--|
| <b>DOCUMENT # N05000004956</b><br>1. Entity Name<br><b>THE NEW CHIEF CORNERSTONE MINISTRIES, INC.</b>  |  |  |   |    |  |
| Principal Place of Business<br><b>820 S. PARK AVE.<br/>WINTER GARDEN FL 34787</b>  |  |  | Mailing Address<br><b>820 S. PARK AVE.<br/>WINTER GARDEN FL 34787</b> |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |  |  | 3. Mailing Address<br>Suite, Apt. #, etc.                             |   |  |
| City & State   |  |  | City & State  |   |  |
| Zip  |  | Country  |   | Zip   |  |
| 4. FEI Number<br><b>16-1726431</b>   |  |  |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |  |   | <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>JAMES, CLORETHA DR<br/>820 S. PARK AVE.<br/>WINTER GARDEN FL 34787</b>   |  |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____ (NOTE: Registered Agent signature required when reappointing)<br><small>Signature, typed or printed name of registered agent and title if applicable</small>   |  |  |   |   |  |
| <b>FILE NOW - FEE IS \$61.25</b><br><b>Due By May 1, 2006</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>Make Check Payable to Florida Department of State</b>   |  |  |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>          |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>P</b><br><b>JAMES, CLORETHA</b><br><b>820 S. PARK AVE.</b><br><b>WINTER GARDEN FL 34787</b>           | <input type="checkbox"/> Delete  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>V</b><br><b>JAMES, NORMAN SR.</b><br><b>820 S. PARK AVE.</b><br><b>WINTER GARDEN FL 34787</b>         | <input type="checkbox"/> Delete  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>S</b><br><b>MITCHELL, WILLIE MAE</b><br><b>820 S. PARK AVE.</b><br><b>WINTER GARDEN FL 34787</b>      | <input type="checkbox"/> Delete  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>T</b><br><b>MIKE, JANICE</b><br><b>820 S. PARK AVE.</b><br><b>WINTER GARDEN FL 34787</b>              | <input type="checkbox"/> Delete  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>D</b><br><b>PRESLEY, SHEMAONE TRUSTEE</b><br><b>820 S. PARK AVE.</b><br><b>WINTER GARDEN FL 34787</b> | <input type="checkbox"/> Delete  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>D</b><br><b>AUSTIN, TRAVIS TRUSTEE</b><br><b>820 S. PARK AVE.</b><br><b>WINTER GARDEN FL 34787</b>    | <input type="checkbox"/> Delete  |   |   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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. |  |  |   |   |  |
| <b>SIGNATURE:</b> <i>Willie Mae Mitchell</i>   |  |  | <b>4-B-06</b>   |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |  | <small>Date Daytime Phone #</small>                                   |   |  |