

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011911

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: NEW GENERATION CHRISTIAN MINISTRY INC

**Current Principal Place of Business:**

305 NW CHRISTIAN COURT  
LAKE CITY, FL 32055

**New Principal Place of Business:**

159 SW SPENCER COURT  
SUTIE 106  
LAKE CITY, FL 32025

**Current Mailing Address:**

305 NW CHRISTIAN COURT  
LAKE CITY, FL 32055

**New Mailing Address:**

159 SW SPENCER COURT  
SUTIE 106  
LAKE CITY, FL 32025

FEI Number: 20-3875467

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GORMAN, PAULA L MRS.  
182 S.W. VILLA COURT  
LAKE CITY, FL 32024 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: GORMAN, PAULA L MRS  
Address: 182 SW VILLA CT  
City-St-Zip: LAKE CITY, FL 32024

Title: VP ( ) Delete  
Name: GORMAN, RICHARD K MR  
Address: 182 SW VILLA CT  
City-St-Zip: LAKE CITY, FL 32024

Title: SEC ( ) Delete  
Name: NORTH, CINDY  
Address: 686 SW AMBERWOOD LOOP, APT. 107  
City-St-Zip: LAKE CITY, FL 32025

**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:

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: PAULA MILLER-GORMAN

PRES

04/14/2009

Electronic Signature of Signing Officer or Director

Date