

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007891

FILED
Feb 18, 2009
Secretary of State

Entity Name: NEW FOCUS CHRISTIAN FELLOWSHIP INC

Current Principal Place of Business:

5541 ARLINGTON ROAD
SUITE 5
JACKSONVILLE, FL 32211

New Principal Place of Business:

5541 ARLINGTON ROAD
SUITE 5
JACKSONVILLE, FL 32211 US

Current Mailing Address:

7917 TORY CIRCLE
JACKSONVILLE, FL 32208

New Mailing Address:

7917 TORY CIRCLE
JACKSONVILLE, FL 32208 US

FEI Number: 36-4590936

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WOODEN, WALTER L
7917 TORY CIRCLE
JACKSONVILLE, FL 32208 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: WOODEN, WALTER L
Address: 7917 TORY CIRCLE
City-St-Zip: JACKSONVILLE, FL 32208

Title: DS () Delete
Name: WOODEN, RU'PUNZEL L
Address: 7917 TORY CIRCLE
City-St-Zip: JACKSONVILLE, FL 32208

Title: DT () Delete
Name: NESMITH, CLIFTON E
Address: 1277 WEST 28TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

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: WALTER L WOODEN

DP

02/18/2009

Electronic Signature of Signing Officer or Director

Date