


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N06000009538</b>	
<b>1. Entity Name</b> NEW DIMENSIONS INTERNATIONAL MINISTRIES, INC.	

<b>Principal Place of Business</b> 3846 MANDALAY DRIVE ST PETERSBURG, FL 33705	<b>Mailing Address</b> PO BOX 14445 ST PETERSBURG, FL 33733-4445
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01202008 No Chg-NP CR2E037 (4/06)

<b>4. FEI Number</b> 03-0604283	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

WILLIAMS, MASHEILA  
3846 MANDALAY DRIVE  
ST PETERSBURG, FL 33705

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**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** \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U000000881678 04/16/08-80010-021 61.25
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**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	DP
<b>NAME</b>	SMITH, TONY L SR
<b>STREET ADDRESS</b>	3846 MANDALAY DRIVE
<b>CITY - ST - ZIP</b>	ST PETERSBURG, FL 33705
<b>TITLE</b>	DV
<b>NAME</b>	WILLIAMS, MALAYSHA
<b>STREET ADDRESS</b>	PO BOX 16743
<b>CITY - ST - ZIP</b>	ST PETERSBURG, FL 33733
<b>TITLE</b>	DS
<b>NAME</b>	SANDERS, KIMBERLY D
<b>STREET ADDRESS</b>	PO BOX 15361
<b>CITY - ST - ZIP</b>	ST PETERSBURG, FL 33733
<b>TITLE</b>	DT
<b>NAME</b>	WILLIAMS, MASHEILA
<b>STREET ADDRESS</b>	3846 MANDALAY DRIVE
<b>CITY - ST - ZIP</b>	ST PETERSBURG, FL 33705
<b>TITLE</b>	DC
<b>NAME</b>	SMITH, TONY L II
<b>STREET ADDRESS</b>	7604 SOUTHWICK STREET
<b>CITY - ST - ZIP</b>	ORLANDO, FL 33705
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

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**12.** I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

**SIGNATURE** Tony L Smith Sr. **Tony L. Smith SR.** 3/27/08 727 56447257

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #