2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# N06000009538

Entity Name: NEW DIMENSIONS INTERNATIONAL MINISTRIES, INC.

Current Principal Place of Business:

3846 MANDALAY DRIVE
ST PETERSBURG, FL 33705

New Principal Place of Business:

Current Mailing Address:

PO BOX 14445
ST PETERSBURG, FL 337334445

New Mailing Address:

FEI Number: 03-0604283 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, MASHEILA
3846 MANDALAY DRIVE
ST PETERSBURG, FL 33705 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:	SMITH, TONY L SR	
Address:	3846 MANDALAY DRIVE	
City-St-Zip:	ST PETERSBURG, FL 33705	
Title:	DV	( ) Delete
Name:	WILLIAMS, MALAYSHA	
Address:	PO BOX 16743	
City-St-Zip:	ST PETERSBURG, FL 33733	
Title:	DS	( ) Delete
Name:	SANDERS, KIMBERLY D	
Address:	PO BOX 15361	
City-St-Zip:	ST PETERSBURG, FL 33733	
Title:	DT	( ) Delete
Name:	WILLIAMS, MASHEILA	
Address:	3846 MANDALAY DRIVE	
City-St-Zip:	ST PETERSBURG, FL 33705	
Title:	DC	( ) Delete
Name:	SMITH, TONY L II	
Address:	7604 SOUTHWICK STREET	
City-St-Zip:	ORLANDO, FL 33705	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	DS	(X) Change ( ) Addition
Name:	WOMACK, PATRICE B	
Address:	PO BOX 16743	
City-St-Zip:	ST PETERSBURG, FL 33733	
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: TONY L. SMITH, SR. DP 03/27/2009

Electronic Signature of Signing Officer or Director — Date