2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

SIGNATURE: SUSAN A L. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF DIRECTOR

DOCUMENT # N06000011868

Entity Name
 NEW DAY UNITY FELLOWSHIP, INC.



FILED

3/31/07

May 31, 2007 8:00 am Secretary of State 05-31-2007 90002 029 ****70.00

Principal Prince of Business				1 120					
Surie, Apil #, etc. Surie, Apil #, etc. Surie Chy & State Chy & State A FEI Number Applied for Appl	3109 LUTZ LAKE FERN RD		P.O. BOX 891		- 	. 8011 8211 8211 8211 89161 1/22/	/1206 /1110 B/(16 ff)	(((1) 2) 129j	
A FEI Number SA275Accessory Applied for SA260Accessory Applied for SA275Accessory SA275Accesso	2. Principal Place of Business - No P.O. Box # 3. 1		3. Mailing Address	. Mailing Address					
Zo	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		hg-NP CR2E	037 (12/06)		
S. Name and Address of Current Registered Agent S. Certificate of Status Desired Santa Desired Agent	City & State		City & State	City & State		327820	\ -	`	
STARKE, SCOTT R 405 S. WARE BLVD SUITE 401 TAMPA, FL 33610 City FL Zip Coor Make check payable to Florida Department of State Florida Department of State Florida Department of State Florida Department of State City Florida Department of State Florida Department of State Florida Department of State City FL Zip Coor City FL Zi	Zip	Country	Zip	Country			\$8.75 Add Fee Required	litional d	
STARKE, SCOTT R 405 S. WARE BLVD SUITE 401 TAMPA, FL 33610 Cny FL Zip Core 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the Saite of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the Saite of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the Saite of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the Saite of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the Saite of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the Saite of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the Saite of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the Saite of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the Saite of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the Saite of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the Saite of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the Saite of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the Saite of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the Saite of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the Saite of Florida. I am familiar with, and accept the obligations of Florida Department of State Prior Pr		6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New Registered	l Agent		
405 S. WARE BLVD SUITE 401 TAMPA, FL 33610 Cny FL Cny FL Sup Code Cny Sup Cny Sup				Name					
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. Fam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, special provided work or fregistered agent and title if applications. BOTE Registered Agent agent and title if applications. BOTE Registered Agent agent and title if applications. BOTE Registered agent, or both, in the State of Florida. Fam familiar with, and accept the obligations of registered agent. Applications of Florida. App	405 S. WA	RE BLVD		Street Address		s (P.O. Box Number is Not Acceptable)			
8. The above named entity submits this statement for the purpose of changing lis registered affect or registered agent, or both, in the State of Florida. Fam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Fam familiar with, and accept the obligations of registered agent. Signature Signa	TAMPA, FI	L 33610		City			Zip Codi	e	
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Trust Fund Controlution. Added to Fees Florida Department of State		Signature, typed or printed innine of registered agent	and title if applicable, (NC	ITE: Registered Agent signate	ure required when reinstating)	DATE			
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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	NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	SECT WEAVER, VONN 19105 LIVINGSTON AVE. LUTZ, FL 33559 DIR LORD, SUSAN 4217 WINDING RIVER WAY LAND O' LAKES, FL 34639 DIR JANSEN, LUIS 7909 NORTHBRIDGE BLVD TAMPA, FL 33615 DIR WEAVER, GREG 19105 LIVINGSTON AVENUE	☐ Delete ☐ Delete ☐ Delete	HITLE NAME SIREEF ADDRESS CITY-ST-ZIP HITLE NAME SIRFET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D JONDRA EPICK 18132 GUNN ODESSA, FO MARY ANN COC 3202 COLWER	L 33553 JK -L Au. #311	Change Change	Addition Addition Addition	
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SUSAN A LORD