2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011868

Entity Name: NEW DAY UNITY FELLOWSHIP, INC.

FILED Feb 25, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

8012 W WATERS TAMPA, FL 33615

Current Mailing Address: New Mailing Address:

8012 W WATERS TAMPA, FL 33615

FEI Number: 20-5827820 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

STARKE, SCOTT R 405 S. WARE BLVD SUITE 401 TAMPA, FL 33610 US

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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

(X) Change () Addition

() Delete RICH, KATHY RICH, KATHY E MRS. Name: Name:

Address: 16407 CYPRESS WATER WAY #507 Address: 16407 CYPRESS WATER WAY #507

City-St-Zip: TAMPA, FL 33624 City-St-Zip: TAMPA, FL 33624

Title: () Delete Title: (X) Change () Addition Name: POSCICH, DAWN M Name: POSCICH, DAWN M MRS.

Address: 6704 BRAESGATE LN Address: 6704 BRAESGATE LN City-St-Zip: TAMPA, FL 33624 City-St-Zip: TAMPA, FL 33624

Title: () Delete Title: (X) Change () Addition

QUINBY, PATRICIA QUINBY, PATRICIA MRS. Name: Name: 10317 NEWPORT CIR 10317 NEWPORT CIR Address: Address: City-St-Zip: TAMPA, FL 33612 City-St-Zip: TAMPA, FL 33612

Title: () Delete Title: (X) Change () Addition

Name: ERICKSEN, SONDRA Name: HANES, CONNIE MS. 18132 GUNN HWY 6414 MORNAY DR Address: Address: City-St-Zip: ODESSA, FL 33553 City-St-Zip: TAMPA, FL 33615

Title: () Delete Title: (X) Change () Addition

COOK, MARY ANN BRINN, BRENDA MRS. Name: Name: 3202 COLWELL AVE. #311 1721 RYAN DR Address: Address: City-St-Zip: TAMPA, FL 33614 City-St-Zip: LUTZ, FL 33549

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: KATHY E. RICH PD 02/25/2009