

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2008
Secretary of State

DOCUMENT# N07000003323

Entity Name: NEW DIRECTION MINISTRIES, INC.

Current Principal Place of Business:

11535 RIVA RIDGE CT
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

11535 RIVA RIDGE CT
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JONES, DONNELL R
11535 RIVA RIDGE CT
JACKSONVILLE, FL 32218 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: C () Delete
Name: JONES, DONNELL R
Address: 11535 RIVA RIDGE CT
City-St-Zip: JACKSONVILLE, FL 32218

Title: VC () Delete
Name: STOKES, RICHARD
Address: 1800 E CAPITOL AVE
City-St-Zip: LITTLE ROCK, AR 72202

Title: S () Delete
Name: JACKSON, MICHELE
Address: 2606 HAVENS COURT
City-St-Zip: OAKLAND, CA 94605

Title: T () Delete
Name: BANKS, CECIL
Address: 995 DRAKE AVE
City-St-Zip: MARIN CITY, CA 94965

Title: D () Delete
Name: HAMNER, SEDRICK
Address: 11535 RIVA RIDGE CT
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: JONES, CHRISTINE A
Address: 11535 RIVA RIDGE CT
City-St-Zip: JACKSONVILLE, FL 32218

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

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: DONNELL R. JONES

D

04/20/2008

Electronic Signature of Signing Officer or Director

_____ Date