

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006354

FILED  
Mar 12, 2008  
Secretary of State

Entity Name: NEW BIRTH FAITH FELLOWSHIP, INC.

**Current Principal Place of Business:**

919 DISSTON AVE.  
CLERMONT, FL 34715

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 120293  
CLERMONT, FL 34712

**New Mailing Address:**

P. O. BOX 121604  
CLERMONT, FL 34712

FEI Number: 26-0357980

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FERNANDER, MCKENNON H  
1531 CARILLON PARK DR.  
OVIEDO, FL 32765 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: D ( ) Delete  
Name: FERNANDER, MCKENNON H  
Address: 1531 CARILLON PARK DR.  
City-St-Zip: OVIEDO, FL 32765

Title: D ( ) Delete  
Name: CARTER, JAME JR.  
Address: 14308 PINE CONE TRAIL  
City-St-Zip: CLERMONT, FL 34711

Title: D ( ) Delete  
Name: LOGAN, DANIELLE  
Address: 1020 CHELSE PARC DR.  
City-St-Zip: MINNEOLA, FL 34715

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: FERNANDER, MCKENNON H  
Address: 1531 CARILLON PARK DR.  
City-St-Zip: OVIEDO, FL 32765

Title: TREA (X) Change ( ) Addition  
Name: CARTER, JAME JR.  
Address: 14308 PINE CONE TRAIL  
City-St-Zip: CLERMONT, FL 34711

Title: SECR (X) Change ( ) Addition  
Name: URENA, ALEX  
Address: 1220 OCKLAWAHA DRIVE  
City-St-Zip: ORLANDO, FL 32828

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: MCKENNON H FERNANDER

PRES

03/12/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date