2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006354

FILED Feb 19, 2009 Secretary of State

Entity Name: NEW BIRTH FAITH FELLOWSHIP, INC. **Current Principal Place of Business: New Principal Place of Business:** 919 DISSTON AVE. CLERMONT, FL 34715 **Current Mailing Address: 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: Name and Address of New Registered Agent: FERNANDER, MCKENNON H 1531 CARILLÓN PARK DR. OVIEDO, FL 32765 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **PRES** () Delete () Change () Addition FERNANDER, MCKENNON H Name: Name: Address: 1531 CARILLON PARK DR. Address: City-St-Zip: OVIEDO, FL 32765 City-St-Zip: Title: TREA () Delete Title: () Change () Addition Name: CARTER, JAME JR. Name: Address: 14308 PINE CONE TRAIL Address: City-St-Zip: CLERMONT, FL 34711 City-St-Zip: Title: SECR () Delete Title: () Change () Addition URENA, ALEX Name: Name: 1220 OCKLAWAHA DRIVE Address: Address: City-St-Zip: ORLANDO, FL 32828 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: MCKENNON H. FERNANDER PRES 02/19/2009