2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011606

FILED May 08, 2009 Secretary of State

Entity Name: NEWNESS OF LIFE MINISTRIES INC. **Current Principal Place of Business: New Principal Place of Business:** 12540 CLEAR CREEK RD YOUNGSTOWN, FL 32466 **Current Mailing Address: New Mailing Address:** 12540 CLEAR CREEK RD YOUNGSTOWN, FL 32466 FEI Number: 26-1545324 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MASSLIENO, LYNVA N MASSLIENO, LYNVA N JR 12540 CLEAR CREEK RD 12540 CLEAR CREEK RD. US YOUNGSTOWN, FL 32466 US YOUNGSTOWN, FL 32466 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: LYNVA N MASSLIENO JR 05/08/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: CEO () Delete () Change () Addition MASSLIENO, LYNVA N JR. Name: Name: 12540 CLEAR CREEK RD. Address: Address: City-St-Zip: YOUNGSTOWN, FL 32466 City-St-Zip: Title: CFO () Delete Title: () Change () Addition MASSLIENO, FELICIA Name: Name: Address: 12540 CLEAR CREEK RD. Address: City-St-Zip: YOUNGSTOWN, FL 32466 City-St-Zip: Title: () Delete Title: () Change () Addition DUPOINT, DEREK Name: Name: 2504 SPRINGFOREST RD. Address: Address: City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: Title: (X) Delete Title: () Change () Addition Name: MARTIN, BELINDA Name: Address: 1948 KARLY CT. Address: City-St-Zip: PANAMA CITY, FL 32405 City-St-Zip: Title: () Delete Title: CAO (X) Change () Addition JACKSON, GWENDOLYN JACKSON, GWENDOLYN Name: Name: 7201 E. 10TH ST. 7201 E. 10TH ST. Address: Address: City-St-Zip: PANAMA CITY, FL 32404 City-St-Zip: PANAMA CITY, FL 32404

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: LYNVA N MASSLIENO JR CEO 05/08/2009