2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011708

FILED Jan 07, 2009 Secretary of State

Entity Name: THE NEW CHRIST FOUNDATION INTERNATIONAL MINISTRY INC.

Current Principal Place of Business: New Principal Place of Business:

2131 STILLINGTON STREET ORLANDO, FL 32835

Current Mailing Address: New Mailing Address:

2131 STILLINGTON STREET ORLANDO, FL 32835

FEI Number: 39-2067614 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:

COLE, NORMA COLE, NORMA REV
2131 STILLINGTON STREET
ORLANDO, FL 32835 US

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2131 STILLINGTON STREET
ORLANDO, FL 32835 US

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2131 STILLINGTON STREET
ORLANDO, FL 32835 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: NORMA COLE 01/07/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 COLE, NORMA
 Name:
 COLE, NORMA REV

 Address:
 2131 STILLINGTON STREET
 Address:
 2131 STILLINGTON STREET

 City-St-Zip:
 ORLANDO, FL 32835
 ORLANDO, FL 32835

Title: VP () Delete Title: () Change () Addition

 Name:
 MACEY, CLAUDETTE
 Name:

 Address:
 938 ATLANTIC AVENUE
 Address:

 City-St-Zip:
 BROOKLYN, NY 11238
 City-St-Zip:

Title: T () Delete Title: () Change () Addition

Name:ZAMOT, ADRIANAName:Address:441 WINTER NELLIS CIRCLEAddress:City-St-Zip:WINTER GARDEN, FL 34787City-St-Zip:

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

 Name:
 PICARD, JANE
 Name:
 ANDERSON, PAULETTE

 Address:
 8630 VALLEY RIDGE CT
 Address:
 13885 GOLDEN RUSSETT

 City-St-Zip:
 ORLANDO, FL 32818
 City-St-Zip:
 WINTER GARDEN, FL 34787

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: NORMA COLE P 01/07/2009