2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011754

FILED Feb 17, 2008 Secretary of State

Entity Name: NEW FAITH CHRISTIAN MINISTRIES INC.

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

6206 PETTIFORD DR. EAST JACKSONVILLE, FL 32209

Current Mailing Address: New Mailing Address:

6206 PETTIFORD DR. EAST JACKSONVILLE, FL 32209

FEI Number: 30-0450605 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

WILLIAMS, BOBBY ST.

6206 PETTIFORD DR. EAST
JACKSONVILLE, FL 32209 US

WILLIAMS, BOBBY SR.
6206 PETTIFORD DR. EAST
JACKSONVILLE, FL 32209 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: BOBBY WILLIAMS, SR. 02/17/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: PV () Delete Title: () Change () Addition

 Name:
 WILLIAMS, BOBBY SR.
 Name:

 Address:
 6206 PETTIFORD DR. EAST
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32209
 City-St-Zip:

Title: STD () Delete Title: () Change () Addition

 Name:
 SILLS, JENNIFER
 Name:

 Address:
 2640 WILKINS CT.
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32209
 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: JENNIFER SILLS STD 02/17/2008