2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 08:00 A
Secretary of State

DOCUMENT # N43282

1. Entity Name
NEW DAY MINISTRIES, INC.

Principal Place of Business	Mailing Address
201 GORNTO LAKE ROAD BRANDON, FL 33510 US	201 GORNTO LAKE ROAD BRANDON, FL 33510 US

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04112008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3123323

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HAILEY, MICHAEL T DR
201 GORNTO LAKE ROAD
BRANDON, FL 33510

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000901704
04/29/08-80076-031 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HAILEY, MICHAEL T DR
STREET ADDRESS	201 GORNTO LAKE ROAD
CITY-ST-ZIP	BRANDON, FL 33510
TITLE	V
NAME	HAILEY, JASON M
STREET ADDRESS	12755 TIMBER RUN
CITY-ST-ZIP	DADE CITY, FL 33525
TITLE	T
NAME	BEARD CLITES, NANCY
STREET ADDRESS	201 GORNTO LAKE ROAD
CITY-ST-ZIP	BRANDON, FL 33510
TITLE	D
NAME	MALLAN, ROBERT
STREET ADDRESS	5519 WINHAWK WAY
CITY-ST-ZIP	LUTZ,, FL 33558
TITLE	D
NAME	TELFORD, ANTHONY
STREET ADDRESS	9109 CYPRESS KEEP LANE
CITY-ST-ZIP	ODESSA, FL 33556
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MTH Dr Michael T Hailey 4-8-08 813598-3570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #