## 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Jul 25, 2008 DOCUMENT# N44823 Secretary of State

Entity Name: NEW GENERATION MINISTRIES, INC.

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

5049 OKEECHOBEE BLVD

WEST PALM BEACH, FL 33417 US

**Current Mailing Address: New Mailing Address:** 

1404 E. LOS OLAS BLVD #30538 FORT LAUDERDALE, FL 33303 US

FEI Number: 59-3082251 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:

DANIELLE, CHARLES CHARLES, DANIELLE 1404 E. LÓS OLAS BLVD 1404 E. LOS OLAS BLVD #30538 #30538

FORT LAUDERDALE, FL 33303 US FORT LAUDERDALE, FL 33303 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: DANIELLE CHARLES 07/25/2008

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition MUNDELL, DANIEL S., CALISTE, WAYNE PRES Name: Name: 5049 OKEECHOBEE BLVD Address: 5049 OKEECHOBEE BLVD Address: City-St-Zip: WEST PALM BEACH, FL 33417 US City-St-Zip: WEST PALM BEACH, FL 33417 US

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

Name: CARTER, GLORIA / DIR, / TREASURER Name: Address: 5049 OKEECHOBEE BLVD Address: City-St-Zip: WEST PALM BEACH, FL 33417 US City-St-Zip:

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

JOHNSON, MAYA/ DIR/S, ECRETARY Name: Name: Address: 5049 OKEECHOBEE BLVD Address: City-St-Zip: WEST PALM BEACH, FL 33417 US 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: WAYNE CALISTE **PRES** 07/25/2008