2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N44823

Entity Name: NEW GENERATION MINISTRIES, INC.

Current Principal Place of Business:

5049 OKEECHOBEE BLVD
WEST PALM BEACH, FL 33417 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

5049 OKEECHOBEE BLVD
WEST PALM BEACH, FL 33417 US

FEI Number: 59-3082251 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

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

Title: D ( ) Delete
Name: JOHNSON, MAYA/ DIR/SECRETARY
Address: 5049 OKEECHOBEE BLVD
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CARTER, GLORIA / PRESIDENT
Address: 5049 OKEECHOBEE BLVD
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: WILLIAM JONES/DIR/TREASURER
Address: 5049 OKEECHOBEE BLVD
City-St-Zip: WEST PALM BEACH, FL 33417 US

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: GLORIA CARTER PRES 04/30/2009

Electronic Signature of Signing Officer or Director — Date