

**FILED**  
**May 16, 2005 8:00 am**  
**Secretary of State**

05-16-2005 90204 049 \*\*\*\*61.25

DOCUMENT # N46737

1. Entity Name

NEW START MINISTRIES OF ELLENTON, INC.

Principal Place of Business

41 WOOD OWL AVE  
ELLENTON FL 34222  
US

Mailing Address

41 WOOD OWL AVE  
ELLENTON FL 34222  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

ZipCountry

3. Mailing Address

Suite, Apt. #, etc.

City & State

ZipCountry

4. FEI Number

65-0308929

Applied For

Not Applicable

5. Certificate of Status Desired

1st MOORE

CR2E037 (10/04)

8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRAGG, LAWRENCE B.  
13 MEADOW CIR  
ELLENTON FL 34222

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

CityFLZip Code

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

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

FILE NOW: FEE IS \$61.25  
Due By May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution.

5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PT

GRAGG, LAWRENCE B.  
41 WOOD OWL AVE  
ELLENTON FL 34222

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VT

GARNNIEN, THOMAS  
2202 9TH AVE W  
BRADENTON FL 34205

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TT

WILSON, CAROLYN K  
41 WOOD OWL AVE  
ELLENTON FL 34222

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Delete

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [Signature]

5/10/05 941 396 1971

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR