

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46737

FILED
Apr 15, 2009
Secretary of State

Entity Name: NEW START MINISTRIES OF ELLENTON, INC.

Current Principal Place of Business:

41 WOOD OWL AVE
ELLENTON, FL 34222 US

New Principal Place of Business:

Current Mailing Address:

41 WOOD OWL AVE
ELLENTON, FL 34222 US

New Mailing Address:

FEI Number: 65-0308929

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAGG, LAWRENCE B.
41 WOOD OWL AVENUE
ELLENTON, FL 34222 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: PT () Delete
Name: GRAGG, LAWRENCE B.
Address: 41 WOOD OWL AVE
City-St-Zip: ELLENTON, FL 34222

Title: VT () Delete
Name: FOX, HARRY
Address: 78 SPOON BILL LANE
City-St-Zip: ELLENTON, FL 34222

Title: TT () Delete
Name: WILSON, CAROLYN K
Address: 41 WOOD OWL AVE
City-St-Zip: ELLENTON, FL 34222

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: () Change () Addition
Name:
Address:
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: LAWRENCE B. GRAGG

PRES

04/15/2009

Electronic Signature of Signing Officer or Director

Date