

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001700

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: MCDUFFIE / FRESH START MINISTRIES, INC.

**Current Principal Place of Business:**

527 PITT ST.  
CLERMONT, FL 34711

**New Principal Place of Business:**

22646 STATE ROAD 19  
HOWEY IN THE HILLS, FL 34737

**Current Mailing Address:**

527 PITT ST.  
CLERMONT, FL 34711

**New Mailing Address:**

22646 STATE ROAD 19  
HOWEY IN THE HILLS, FL 34737

FEI Number: 59-3504887

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MCDUFFIE, EMMA  
527 PITT ST.  
CLERMONT, FL 34711 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: PD ( ) Delete  
Name: MCDUFFIE, EMMA  
Address: 527 PITT STREET  
City-St-Zip: CLERMONT, FL 34711

Title: VD ( ) Delete  
Name: MCDUFFIE, JAMES  
Address: 527 PITT STREET  
City-St-Zip: CLERMONT, FL 34711

Title: STD ( ) Delete  
Name: BARLOW, DELMANETTA  
Address: 882 HIGH POINTE CIRCLE  
City-St-Zip: CLERMONT, FL 34711

**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: EMMA MCDUFFIE

PD

04/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date