Mar 03, 2004 8:00 am
Secretary of State
03-03-2004 90001 050 ****61.25

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000003926

1. Entity Name
NEW FOUNDATION INTERNATIONAL MINISTRIES, INC.

54014151

Principal Place of Business	Mailing Address
1528 RAVEN DRIVE S JACKSONVILLE, FL 32218	1528 RAVEN DRIVE S JACKSONVILLE, FL 32218

02282004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
210 Presidents Cup WAY	210 Presidents Cup WAY
Suite, Apt. #, etc. Unit 207	Suite, Apt. #, etc. Unit 207
City & State St. Augustine, FL	City & State St. Augustine, FL
Zip 32092 Country	Zip 32092 Country

4. FEI Number
59-3520573
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DUFFY, MICHAEL D 1528 RAVEN DRIVE S JACKSONVILLE, FL 32218	Name Street Address (P.O. Box Number is Not Acceptable) 210 Presidents Cup WAY Unit 207 City St. Augustine FL Zip Code 32092

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

Filing Fee is $61.25
Due by May 1, 2004

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	PD DUFFY, MICHAEL D 1528 RAVEN DR S JACKSONVILLE, FL 32218	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DUFFY, Michael D 210 Presidents Cup WAY Unit 207 St. Augustine, FL 32092 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DUFFY, PAMELA R 1528 RAVEN DR S JACKSONVILLE, FL 32218	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DUFFY, PAMELA R 210 Presidents Cup WAY Unit 207 St. Augustine, FL 32092 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SMITH, SHIRLEY 12227 CATTAIL LN JACKSONVILLE, FL 32223	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Michael D Duffy 02/28/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Michael D Duffy