## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000003926

FILED Feb 24, 2005 Secretary of State

Entity Name: NEW FOUNDATION INTERNATIONAL MINISTRIES, INC.

Current Principal Place of Business: New Principal Place of Business:

210 PRESIDENS CUPWAY 222 BRADFORD DRIVE UNIT 207 STARKE, FL 32091

SAINT AUGUSTINE, FL 32092

Current Mailing Address: New Mailing Address:

210 PRESIDENS CUPWAY
222 BRADFORD DRIVE
UNIT 207
SAINT AUGUSTINE, FL 32092
223 BRADFORD DRIVE
STARKE, FL 32091

FEI Number: 59-3520573 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

DUFFY, MICHAEL D
210 PRESIDENTS CUP WAY
222 BRADFORD DRIVE
UNIT 207
SAINT AUGUSTINE, FL 32092 US

DUFFY, MICHAEL D
222 BRADFORD DRIVE
STARKE, FL 32091 US

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: MICHAEL D DUFFY 02/24/2005

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 DUFFY, MICHAEL D
 Name:
 DUFFY, MICHAEL D

 Address:
 210 PRESIDENTS CUP WAY, UNIT 207
 Address:
 222 BRADFORD DRIVE

 City-St-Zip:
 SAINT AUGUSTINE, FL 32092
 City-St-Zip:
 STARKE, FL 32091

Title: SD ( ) Delete Title: SD (X) Change ( ) Addition

 Name:
 DUFFY, PAMELA R
 Name:
 DUFFY, PAMELA R

 Address:
 210 PRESIDENTS CUP WAY, UNIT 207
 Address:
 222 BRADFORD DRIVE

 City-St-Zip:
 SAINT AUGUSTINE, FL 32092
 City-St-Zip:
 STARKE, FL 32091

Title: TD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 SMITH, SHIRLEY
 Name:

 Address:
 12227 CATTAIL LN
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32223
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL D DUFFY PD 02/24/2005