


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 05, 2008 8:00 am
Secretary of State

08-05-2008 90003 049 ****61.25

DOCUMENT # N99000003690	
1. Entity Name THE NEW MILLENNIUM CHURCH OF GOD, INC.	

Principal Place of Business 6751 N.E. 27TH AVE GAINESVILLE, FL 32609	Mailing Address 6751 N.E. 27TH AVE GAINESVILLE, FL 32609
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40112652



2. Principal Place of Business - No P.O. Box #		3. Mailing Address 5003 SW 69th Terr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Gainesville, FL	
Zip	Country	Zip	Country
		32608	USA

07232008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent EAGLE, LEE F 6751 NE 27TH AVE GAINESVILLE, FL 32609		7. Name and Address of New Registered Agent Name Carolyn Eagle Street Address (P.O. Box Number is Not Acceptable) 5003 SW 69th Terr City Gainesville FL Zip Code 32608	
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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 **Carolyn Eagle** DATE **7/24/08**

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 September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EAGLE, GEAN LORENZO SR 6751 N.E. 27TH AVE GAINESVILLE, FL 32609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Gean L Eagle Jr. 5003 S.W. 69th Terr Gainesville, FL 32608 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EAGLE, LEE FRANCIS 6751 N.E. 27TH AVE GAINESVILLE, FL 32609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, DENNIS L 104 ADVATIST LANE HAWTHORNE, FL 32640 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Jertoyla Perry 6751 N.E. 27th Ave Gainesville, FL 32609 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRACILLA, HENRY 25522 NW 4TH AVE NEWBERRY, FL 32669 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EAGLE, CHARLOTTE D 109 ADVANTIST LANE HAWTHORNE, FL 32640 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EAGLE, KALISHA 9308 S W 89TH PLACE GAINESVILLE, FL 32608 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kalisha Eagle 9308 S.W. 89th Place Gainesville, FL 32608 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: **Gean L. Eagle Jr.** DATE **7/24/08** DAYTIME PHONE # **352 792-5270**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR