

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768959

FILED
Feb 04, 2009
Secretary of State

Entity Name: NEW DESTINY FAMILY WORSHIP CENTER, INC.

Current Principal Place of Business:

1301 NORTH 27TH STREET
FT. PIERCE, FL 34947

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 2458
FT. PIERCE, FL 34954

New Mailing Address:

FEI Number: 59-2324300 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MCKINNON, MICHAEL L JR
415 AVE. A
FT. PIERCE, FL 34950 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: HINTON, BEVERLY H
Address: 4114 SILVERSTONE DR.
City-St-Zip: FT. PIERCE, FL 34947

Title: TD () Delete
Name: MOORE, DENNIS L
Address: 2309 AVE B
City-St-Zip: FORT PIERCE, FL 34947

Title: AD () Delete
Name: GARDENHIGH, RUBY
Address: 108 GOTHAM DRIVE
City-St-Zip: FT. PIERCE, FL

Title: SD () Delete
Name: COPELAND, KELSEA
Address: 4216 ABERFOYLE AVE.
City-St-Zip: FORT PIERCE, FL 34947

Title: D () Delete
Name: CARTER, RUBY
Address: 713 OSCEOLA AVE
City-St-Zip: FORT PIERCE, FL 34982

Title: D () Delete
Name: MILLS, THERNELL
Address: 6708 CITRUS PARK BLVD.
City-St-Zip: FORT PIERCE, FL 34951

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:

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: BEVERLY H. HINTON

PD

02/04/2009

Electronic Signature of Signing Officer or Director

_____ Date