2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# N01000000059

Entity Name: NEW DESTINY WORSHIP CENTER, INC.

Current Principal Place of Business:

2110 HERCULES AVE N.
CLEARWATER, FL 33763

New Principal Place of Business:

Current Mailing Address:

2110 HERCULES AVE N.
CLEARWATER, FL 33763

New Mailing Address:

FEI Number: 59-3395033 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BALLESTERO, CARL A
2301 EASTWOOD DR.
CLEARWATER, FL 33765 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:	D	( ) Delete
Name:	BALLESTERO, CARL A	
Address:	2301 EASTWOOD DR.	
City-St-Zip:	CLEARWATER, FL 33765	
Title:	D	( ) Delete
Name:	BALLESTERO, KIMBERLY	
Address:	2301 EASTWOOD DR.	
City-St-Zip:	CLEARWATER, FL 33765	
Title:	O	( ) Delete
Name:	DAVIS, WILLIS E	
Address:	4022 GRAY POND CT	
City-St-Zip:	INDIANAPOLIS, IN 46237	
Title:	O	( ) Delete
Name:	THOMPSON, CLARENCE M	
Address:	7117 BROOKING WAY	
City-St-Zip:	MECHANICSVILLE, VA 23111	
Title:	O	( ) Delete
Name:	BALLESTERO, MARTYN SR	
Address:	PO BOX 3038	
City-St-Zip:	SOUTH BEND, IN 46619	
Title:	O	( ) Delete
Name:	DAVIS, NORMA	
Address:	4022 GRAY POND CT	
City-St-Zip:	INDIANAPOLIS, IN 46237	

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: CARL A. BALLESTERO D 01/21/2009
Electronic Signature of Signing Officer or Director — Date