2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000000318

1. Entity Name
NEW DISCIPLES WORSHIP CENTER, INC.

Principal Place of Business	Mailing Address
239 N.E. 12TH AVENUE BOYNTON BEACH, FL 33435 US	P.O.BOX 920 BOYNTON BEACH, FL 33425 US

02072005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65-0551253
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BROWN, TOMMY L
8123 MYSTIC HARBOR CIRCLE
BOYNTON BEACH, FL 33436

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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 _____ 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, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BROWN, TOMMY L
STREET ADDRESS	8123 MYSTIC HARBOR CIRCLE
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	SD
NAME	BROWN, DARLENE A
STREET ADDRESS	8123 MYSTIC HARBOR CIRCLE
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	D
NAME	DOBARD, PAULA L
STREET ADDRESS	713 SW 2ND STREET, APT B
CITY-ST-ZIP	DELRAY BEACH, FL 33444
TITLE	D
NAME	DAVIS, PATRICIA
STREET ADDRESS	301 SW 8TH COURT
CITY-ST-ZIP	DELRAY BEACH, FL 33444
TITLE	O
NAME	MCCRAY, NATHAN
STREET ADDRESS	2563 N. CORAL TRACE CIRCLE
CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	D
NAME	MCCLENOON, BRIDGETTE A
STREET ADDRESS	100 BLACK OLIVE CRESCENT
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411

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02/10/05-80086-024 61.25

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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: Bridgette A. McClendon 2-8-05 561-364-3831
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #