

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000318

FILED
Mar 06, 2007
Secretary of State

Entity Name: NEW DISCIPLES WORSHIP CENTER, INC.

Current Principal Place of Business:

239 N.E. 12TH AVENUE
BOYNTON BEACH, FL 33435 US

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 920
BOYNTON BEACH, FL 33425 US

New Mailing Address:

FEI Number: 65-0551253

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, TOMMY L
8123 MYSTIC HARBOR CIRCLE
BOYNTON BEACH, FL 33436 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: BROWN, TOMMY L
Address: 8123 MYSTIC HARBOR CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: SD () Delete
Name: BROWN, DARLENE A
Address: 8123 MYSTIC HARBOR CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: D () Delete
Name: DOBARD, PAULA L
Address: 713 SW 2ND STREET, APT B
City-St-Zip: DELRAY BEACH, FL 33444

Title: D () Delete
Name: DAVIS, PATRICIA
Address: 301 SW 8TH COURT
City-St-Zip: DELRAY BEACH, FL 33444

Title: O () Delete
Name: MCCRAY, NATHAN
Address: 2563 N. CORAL TRACE CIRCLE
City-St-Zip: DELRAY BEACH, FL 33445

Title: D () Delete
Name: MCCLLENON, BRIDGETTE A
Address: 100 BLACK OLIVE CRESCENT
City-St-Zip: ROYAL PALM BEACH, FL 33411

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
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Address:
City-St-Zip:

Title: () Change () Addition
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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 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: BRIDGETTE MCCLENDON

D

03/06/2007

Electronic Signature of Signing Officer or Director

Date