

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000318

FILED  
Apr 02, 2012  
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  
**Name:** BROWN, TOMMY L  
**Address:** 8123 MYSTIC HARBOR CIRCLE  
**City-St-Zip:** BOYNTON BEACH, FL 33436

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

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

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

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

**Title:** O  
**Name:** MCCLENOON, BRIDGETTE A  
**Address:** 100 BLACK OLIVE CRESCENT  
**City-St-Zip:** ROYAL PALM BEACH, FL 33411

I hereby 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 all other like empowered.

**SIGNATURE:** DARLENE BROWN

PD

04/02/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date