

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 768959

**FILED**  
**Mar 08, 2016**  
**Secretary of State**  
**CC3044537257**

**Entity Name:** NEW DESTINY FAMILY WORSHIP CENTER, INC.

**Current Principal Place of Business:**

1301 NORTH 27TH STREET  
FT. PIERCE, FL 34947

**Current Mailing Address:**

P.O. BOX 2458  
FORT PIERCE,, FL 34954 US

**FEI Number:** 59-2324300

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MCKINNON, MICHAEL LJR  
415 AVE. A  
FT. PIERCE, FL 34950 US

*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

**Officer/Director Detail :**

Title PD  
Name HINTON, BEVERLY H  
Address 4114 SILVERSTONE DR.  
City-State-Zip: FT. PIERCE FL 34947

Title AD  
Name GARDENHIGH, RUBY  
Address 108 GOTHAM DRIVE  
City-State-Zip: FT. PIERCE FL

Title SD  
Name COPELAND, KELSEA  
Address 4216 ABERFOYLE AVE.  
City-State-Zip: FORT PIERCE FL 34947

Title D  
Name CARTER, RUBY  
Address 713 OSCEOLA AVE  
City-State-Zip: FORT PIERCE FL 34982

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

Title DIRECTOR  
Name SAINTELUS, BRENDA  
Address 1310 N. 27TH STREET  
City-State-Zip: FORT PIERCE FL 34947

*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:** BEVERLY H. HINTON

**PRESIDENT**

**03/08/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date