

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000059

Entity Name: NEW DESTINY WORSHIP CENTER, INC.**Current Principal Place of Business:**2110 HERCULES AVE N.
CLEARWATER, FL 33763**Current Mailing Address:**2110 HERCULES AVE N.
CLEARWATER, FL 33763**FEI Number: 59-3395033****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BALLESTERO, CARL A
2301 EASTWOOD DR.
CLEARWATER, FL 33765 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	D
Name	BALLESTERO, CARL A
Address	2301 EASTWOOD DR.
City-State-Zip:	CLEARWATER FL 33765

Title	D
Name	BALLESTERO, KIMBERLY
Address	2301 EASTWOOD DR.
City-State-Zip:	CLEARWATER FL 33765

Title	O
Name	THOMPSON, CLARENCE M
Address	7117 BROOKING WAY
City-State-Zip:	MECHANICSVILLE VA 23111

Title	O
Name	BALLESTERO, MARTYN SR
Address	PO BOX 3038
City-State-Zip:	SOUTH BEND IN 46619

Title	OFFICER
Name	COLLINS, RASHIDI
Address	2110 HERCULES AVE N.
City-State-Zip:	CLEARWATER FL 33763

Title	OFFICER
Name	LEAMAN, JACK
Address	2110 HERCULES AVE N.
City-State-Zip:	CLEARWATER FL 33763

Title	OFFICER
Name	THOMPSON, BUDDY
Address	2110 HERCULES AVE N.
City-State-Zip:	CLEARWATER FL 33763

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: CARL A BALLESTERO**PASTOR****01/28/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date