

**2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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 PASTOR, PRESIDENT  
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 712 BUTLER STREET  
City-State-Zip: SAFETY HARBOR FL 34695

Title OFFICER  
Name ELLIOT, KENT  
Address 23 WILSON WAY  
City-State-Zip: MANCHESTER CT 06040

Title OFFICER  
Name LEAMAN, JACK  
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, PRESIDENT

12/16/2020

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

\_\_\_\_\_  
Date