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: MILDRED CORTES

Electronic Signature of Signing Officer/Director Detail

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL I	<u>REPORT</u>

DOCUMENT# N01000001533

Entity Name: NEW JOURNEY CHRISTIAN CENTER INC.

Current Principal Place of Business:

1046 PLAZA DRIVE SUITE J KISSIMMEE, FL 34743

Current Mailing Address:

POST OFFICE BOX 451667 KISSIMMEE, FL 34745

FEI Number: 59-3697380

Name and Address of Current Registered Agent:

CORTES, MILDRED 8876 WILD TURKEY TRAIL HAINES CITY, FL 33844 US

Certificate of Status Desired: Yes

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

Officer/Director Detail :

Title	PRESIDENT	Title	VP	
Name	CORTES, MILDRED REV	Name	CORTES JR., HECTOR MREV	
Address	PO BOX 451667	Address	PO BOX 451667	
City-State-Zip:	KISSIMMEE FL 34745	City-State-Zip:	KISSIMMEE FL 34745	
Title	SECRETARY	Title	DISCIPLINE DIRECTOR	
Name	BRIZUELA, MARIA G	Name	ANDINO, EDUARDO	
Address	PO BOX 451667	Address	PO BOX 451667	
City-State-Zip:	KISSIMMEE FL 34745	City-State-Zip:	KISSIMMEE FL 34745	
Title	VOCAL			
Name	ANDINO, ROSA			
Address	PO BOX 451667			
City-State-Zip:	KISSIMMEE FL 34745			

S PRESIDENT

02/28/2024 Date

FILED Feb 28, 2024 Secretary of State 3660994912CC

Date