

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000001533

**Entity Name:** NEW JOURNEY CHRISTIAN CENTER INC.

**Current Principal Place of Business:**

1046 PLAZA DRIVE  
KISSIMMEE, FL 34743

**Current Mailing Address:**

POST OFFICE BOX 451667  
KISSIMMEE, FL 34745

**FEI Number: 59-3697380**

**Certificate of Status Desired: Yes**

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

CORTES, MILDRED  
556 KILIMANJARO  
KISSIMMEE, FL 34758 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            PRESIDENT  
Name            CORTES, MILDRED REV  
Address        PO BOX 451667  
City-State-Zip: KISSIMMEE FL 34745

Title            VP  
Name            CORTES JR., HECTOR MREV  
Address        PO BOX 451667  
City-State-Zip: KISSIMMEE FL 34745

Title            SECRETARY  
Name            BRIZUELA, MARIA G  
Address        PO BOX 451667  
City-State-Zip: KISSIMMEE FL 34745

Title            DISCIPLINE DIRECTOR  
Name            ANDINO, EDUARDO  
Address        PO BOX 451667  
City-State-Zip: KISSIMMEE FL 34745

Title            VOCAL  
Name            ANDINO, ROSA  
Address        PO BOX 451667  
City-State-Zip: KISSIMMEE FL 34745

*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: MARIA GABRIELA BRIZUELA**

**SECRETARY**

**02/09/2021**

Electronic Signature of Signing Officer/Director Detail

Date