

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000008148

**Entity Name:** A NEW DESTINY MINISTRY, INC.**Current Principal Place of Business:**130 S INDIAN RIVER DRIVE  
FORT PIERCE , FL 34950**Current Mailing Address:**1391 NW ST. LUCIE WEST BLVD  
333  
PORT SAINT LUCIE, FL 34986 US**FEI Number:** 87-1563215**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**QUINESHA ADDERLY-HAWKINS  
130 S INDIAN RIVER DRIVE  
FORT 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	P
Name	ADDERLY -HAWKINS, QUINESHA
Address	130 S INDIAN RIVER DRIVE
City-State-Zip:	FORT PIERCE FL 34950

Title	VP
Name	HAWKINS, REGINA
Address	130 S INDIAN RIVER DRIVE
City-State-Zip:	FORT PIERCE FL 34950

Title	S
Name	LETZKUS, LINDA
Address	130 S INDIAN RIVER DRIVE
City-State-Zip:	FORT PIERCE FL 34950

Title	T
Name	HAWKINS, WANDA
Address	130 S INDIAN RIVER DRIVE
City-State-Zip:	FORT PIERCE FL 34950

Title	D
Name	ROBERTS, DARWESHI
Address	130 S INDIAN RIVER DRIVE
City-State-Zip:	FORT PIERCE FL 34950

Title	D
Name	MEDINA, LAURA
Address	130 S INDIAN RIVER DRIVE
City-State-Zip:	FORT PIERCE FL 34950

*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:** QUINESHA ADDERLY-HAWKINS**PRESIDENT****04/29/2023**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date