

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000318

Entity Name: NEW DISCIPLES WORSHIP CENTER, INC.**Current Principal Place of Business:**239 N.E. 12TH AVENUE
BOYNTON BEACH, FL 33435**Current Mailing Address:**P.O.BOX 920
BOYNTON BEACH, FL 33425 US**FEI Number:** 65-0551253**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BROWN, TOMMY L
8123 MYSTIC HARBOR CIRCLE
BOYNTON BEACH, FL 33436 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 PD
Name BROWN, TOMMY L
Address 8123 MYSTIC HARBOR CIRCLE
City-State-Zip: BOYNTON BEACH FL 33436

Title D
Name DOBARD, PAULA L
Address 713 SW 2ND STREET, APT B
City-State-Zip: DELRAY BEACH FL 33444

Title O
Name MCCRAY, NATHAN
Address 2563 N. CORAL TRACE CIRCLE
City-State-Zip: DELRAY BEACH FL 33445

Title OFFICER
Name RANDELL, TAMICKA
Address 570 JEFFERSON DRIVE
#103
City-State-Zip: DEERFIELD BEACH FL 33442

Title SD
Name BROWN, DARLENE A
Address 8123 MYSTIC HARBOR CIRCLE
City-State-Zip: BOYNTON BEACH FL 33436

Title D
Name DAVIS, PATRICIA
Address 301 SW 8TH COURT
City-State-Zip: DELRAY BEACH FL 33444

Title O
Name MCCLENOON, BRIDGETTE A
Address 100 BLACK OLIVE CRESCENT
City-State-Zip: ROYAL PALM BEACH FL 33411

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: TOMMY BROWN**PASTOR****03/16/2015**

Electronic Signature of Signing Officer/Director Detail

Date