

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

02-16-2004 90054 021 10.00

FILED N02000007329

04 APR -1 PM 12: 38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000007329

1. Entity Name

NEW DEVELOPMENT CHRISTIAN CENTER, INC.



Principal Place of Business

2526 TRUMAN AVE
PENSACOLA FL 32505

Mailing Address

2526 TRUMAN AVE
PENSACOLA FL 32505

2. Principal Place of Business

3. Mailing Address



REINSTATEMENT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 54-2070971

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARKS, C E
2526 TRUMAN AVE
PENSACOLA FL 32505

Name Belinda Johnson

Street Address (P.O. Box Number is Not Acceptable)

4416 Rice Rd

Milton

City

FL

Zip Code

32583-8012

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Belinda Johnson

Belinda Johnson

2-05-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MARKS, C E
STREET ADDRESS 4021 ERRESS BLVD
CITY-ST-ZIP PENSACOLA FL 32505 ☐ Delete

TITLE ST
NAME EVERHART, CYNTHIA
STREET ADDRESS 538 #B PAULA AVE
CITY-ST-ZIP PENSACOLA FL 32507 ☐ Delete

TITLE T
NAME JOHNSON, BELINDA
STREET ADDRESS P O BOX 4946
CITY-ST-ZIP PENSACOLA FL 32507 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Belinda Johnson Belinda Johnson 2-05-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #