


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 16, 2005 8:00 am
Secretary of State

04-18-2005 90270 014 ****80.00

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 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 4946 Suite, Apt. #, etc.	
City & State Pensacola FL		City & State Pensacola FL	
Zip 32507		Country Escambia	
4. FEI Number 54-2070971		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, BELINDA 4416 RICE ROAD MILTON FL 32583-8012 3703 W. JACKSON ST Pensacola FL 32505		7. Name and Address of New Registered Agent Name Belinda Johnson Street Address (P.O. Box Number is Not Acceptable) P.O. Box 4946 / 3703 W. Jackson St City Pensacola FL Zip Code 32505	
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 <small>Signature, typed or printed name of registered agent and like if applicable</small>		Belinda Johnson <small>(NOTE: Registered Agent signature required when re-registering)</small>	
FILE NOW FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARKS, C E 4021 ERRESS BLVD PENSACOLA FL 32505	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST EVERHART, CYNTHIA 538 #B PAULA AVE PENSACOLA FL 32507	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSON, BELINDA P O BOX 4946 PENSACOLA FL 32507	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-02-05 850 434-0858 <small>Date Daytime Phone #</small>	