

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007329

FILED
Jul 12, 2006
Secretary of State

Entity Name: NEW DEVELOPMENT CHRISTIAN CENTER, INC.

Current Principal Place of Business:

2526 TRUMAN AVE
PENSACOLA, FL 32505

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4946
PENSACOLA, FL 32507

New Mailing Address:

FEI Number: 54-2070971 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JOHNSON, BELINDA
3703 W. JACKSON ST
P.O. BOX 4946
PENSACOLA, FL 32505 US

Name and Address of New Registered Agent:

JOHNSON, BELINDA
3703 W. JACKSON ST.
P.O. BOX 4946
PENSACOLA, FL 32505 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

07/12/2006

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MARKS, C E
Address: 4021 ERRESS BLVD
City-St-Zip: PENSACOLA, FL 32505

Title: ST () Delete
Name: EVERHART, CYNTHIA
Address: 538 #B PAULA AVE
City-St-Zip: PENSACOLA, FL 32507

Title: T () Delete
Name: JOHNSON, BELINDA
Address: P O BOX 4946
City-St-Zip: PENSACOLA, FL 32507

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: EVERHART, CYNTHIA
Address: 585 N. 72ND AVE.
City-St-Zip: PENSACOLA, FL 32506

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BELINDA JOHNSON

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07/12/2006

Electronic Signature of Signing Officer or Director

Date