

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02132**

1. Entity Name  
**NEW VISION WORSHIP CENTER OF EUREKA, INC.**



Principal Place of Business  
**16350 N.E. 148TH TERR. RD.  
FT MCCOY, FL 32134**

Mailing Address  
**16350 N.E. 148TH TERR. RD.  
FT MCCOY, FL 32134**

**DO NOT WRITE IN THIS SPACE**



03122007 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**59-2754815**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**ALLEN, DAVID E  
16370 NE 148 TERRACE ROAD  
FORT MC COY, FL 32134**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	VD
NAME	TINDELL, LAVON
STREET ADDRESS	17893 NE 138TH AVENUE
CITY-ST-ZIP	FORT MC COY, FL 32134
TITLE	TD
NAME	NICHOLS, JEANNETTE
STREET ADDRESS	14520 E. HWY 316
CITY-ST-ZIP	FORT MC COY, FL 32134
TITLE	PD
NAME	ALLEN, DAVID E
STREET ADDRESS	16370 NE 148 TERRACE ROAD
CITY-ST-ZIP	FORT MC COY, FL 32134
TITLE	STD
NAME	BLANCHARD, CAROLYN
STREET ADDRESS	17101 NE 148TH TERRACE ROAD
CITY-ST-ZIP	FORT MC COY, FL 32134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/29/07-80020-002 70.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**David E. Allen, PRES.**

Date

**3/17/07 (352) 546-2370**

Daytime Phone #