


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # N02132 1. Entity Name NEW VISION WORSHIP CENTER OF EUREKA, INC.	
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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
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DO NOT WRITE IN THIS SPACE



01222008 No Chg-NP CR2E037 (4/06)

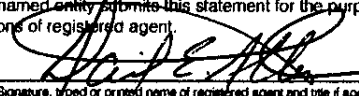
4. FEI Number 59-2754815	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

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:  DATE: 1/29/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

Filing Fee is \$61.25
Due by May 1, 2008

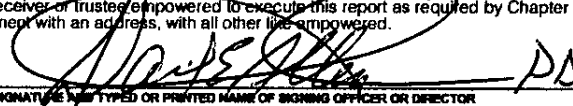
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TINDELL, LAVON 17893 NE 138TH AVENUE FORT MC COY, FL 32134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALLEN, DAVID E 16370 NE 148 TERRACE ROAD FORT MC COY, FL 32134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BLANCHARD, CAROLYN 17101 NE 148TH TERRACE ROAD FORT MC COY, FL 32134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/08/08-80038-018 70.00

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 lines empowered.

SIGNATURE:  DD DATE: (352) 546-2370

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #