## 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# N03000000653

TI FILED
Sep 18, 2007
Secretary of State

Entity Name: NEW DESTINY INTERNATIONAL CHRISTIAN CENTER, INCORPORATED **Current Principal Place of Business: New Principal Place of Business:** 8745 NW 57TH STREET 1901 MIDDLE SCHOOL TAMARAC, FL 33351 US LAUDERHILL, FL 33313 **Current Mailing Address: New Mailing Address:** P O BOX 25022 FORT LAUDERDALE, FL 33320 US FEI Number: 11-3671173 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BENNETT, WOODROW 9545 NEW WATERFORD COVE DELRAY BEACH, FL 33446 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 Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DP () Change () Addition () Delete BENNETT, WOODROW Name: Name: 9545 NEW WATERFORD COVE Address: Address: City-St-Zip: DELRAY BEACH, FL 33446 US City-St-Zip: Title: () Delete Title: () Change () Addition BENNETT, ERMA I Name: Name: Address: 9545 NEW WATERFORD COVE Address: City-St-Zip: DELRAY BEACH, FL 33446 US City-St-Zip: Title: () Delete Title: TD (X) Change ( ) Addition MAXWELL, ELENA BLUE, BRIGITTE C Name: Name: 10003 WINDIING LAKE ROAD, UNIT #101 Address: Address: PO BOX 9862 City-St-Zip: SUNRISE, FL 33351 US City-St-Zip: FORT LAUDERDALE, FL 33310 US (X) Change ( ) Addition Title: SD ( ) Delete Title: SD HUGHES, MYRNA Name: Name: HUGHES, MYRNA 3710 INVERRARY DRIVE, UNIT #S1H 10943 NW 43RD STREET, BUILDING 1 Address: Address: City-St-Zip: LAUDERHILL, FL 33319 US City-St-Zip: SUNRISE, FL 33351 US Title: () Delete Title: ( ) Change (X) Addition WILLIAMS, THOMAS R Name: Name: 2728 NW 39TH WAY, UNIT 201 Address: Address: City-St-Zip: City-St-Zip: LAUDERDALE LAKES, FL 33311

I hereby certify that the information supplied with this filing does not qualify 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: ERMA I. BENNETT VPD 09/18/2007