2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State
04-21-2005 90219 014 ****61.25

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1. Entity Name
NEW WAY FELLOWSHIP CHRISTIAN CENTER, INC.

Principal Place of Business	Mailing Address
106 NE 3RD STREET POMPANO BEACH, FL 33060 US	3900 NW 37TERRACE FORT LAUDERDALE, FL 33309 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01052005 Chg-NP CR2E037 (10/03)

4. FEI Number 52-2414090 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCCOY, CORNELL R SR. 106 NE 3RD STREET POMPANO BEACH, FL 33060	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

Filing Fee is $61.25
Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MCCOY, CORNELL R SR. 6410 BLVD. OF CHAMPION NORTH LAUDERDALE, FL 33308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GRAY, DORIS SISTER 3900 NW 37TH TERRACE LAUDERDALE LAKES, FL 33309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BLACKMAN, CARL PASTOR 890 NW 23RD TERRACE POMPANO BEACH, FL 33069	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MOUZON, NATHANIEL DEACON ☐ Change ☐ Addition 2626 NW 6TH STREET POMPANO BCH, FL 33069
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MOUZON, NATHANIEL DEACON 2626 NW 6TH STREET POMPANO BEACH, FL 33069	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SISTER LISA THOMAS ☐ Change ☒ Addition 3341 NW 8TH STREET FORT LAUDERDALE, FL 33311
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Doris Gray 5/14/05 954-733-3061
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #