

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000010531

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



Principal Place of Business
106 NE 3RD STREET
POMPAÑO BEACH, FL 33060 US

Mailing Address
3900 NW 37TH TERRACE
FORT LAUDERDALE, FL 33309 US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
1811 NW 2ND Terr
Suite, Apt. #, etc.

City & State
Pompano bch, FL

Zip
33060

Country
USA

FILED
06 MAY -1 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04/28/06 01047 047 78.25

04252006 Chg-NP CR2E037 (11/05)

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
MCCOY, CORNELL R SR.
106 NE 3RD STREET
POMPAÑO BEACH, FL 33060

7. Name and Address of New Registered Agent
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 _____
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, 2006

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 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRAY, DORIS SISTER 3900 NW 37TH TERRACE LAUDERDALE LAKES, FL 33309 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SINGLETARY, ANDREA SISTER 1811 N.W. 2ND TERR POMPAÑO BEACH, FL 33060 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOUZON, NATHANIEL 2626 NW 6TH STREET POMPAÑO BEACH, FL 33069 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THOMAS, LISA 3341 NW 8TH STREET FORT LAUDERDALE, FL 33311 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCOY, CYNTHIA SISTER 402 S.W. 2ND STREET #22 DEERFIELD BEACH, FL 33441 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Andrea Singletary 4/24/06 (754) 366-1601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #