2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000010531

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

Principal Place of Business	Mailing Address
106 NE 3RD STREET POMPANO BEACH, FL 33060 US	1811 NW 2ND TERRACE POMPANO BEACH, FL 33060 US

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05162007 No Chg-NP CR2E037 (4/06)

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
POMPANO BEACH, FL 33060

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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 September 14, 2007

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

U00000768720
07/13/07-80010-002 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCCOY, CORNELL R SR.
STREET ADDRESS	6410 BLVD. OF CHAMPION
CITY-ST-ZIP	NORTH LAUDERDALE, FL 33308
TITLE	S
NAME	SINGLETARY, ANDREA SISTER
STREET ADDRESS	1811 NW 2ND TERRACE
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	V
NAME	MOUZON, NATHANIEL
STREET ADDRESS	2626 NW 6TH STREET
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	T
NAME	MCCOY, CYNTHIA SISTER
STREET ADDRESS	402 S.W. 2ND STREET #22
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 June 15, 2007 (561) 495-3308
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #