

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010531

FILED
May 04, 2009
Secretary of State

Entity Name: NEW WAY FELLOWSHIP CHRISTIAN CENTER, INC.

Current Principal Place of Business:

106 NE 3RD STREET
POMPANO BEACH, FL 33060 US

New Principal Place of Business:

Current Mailing Address:

1811 NW 2ND TERRACE
POMPANO BEACH, FL 33060 US

New Mailing Address:

FEI Number: 52-2414090 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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:

Title: P () Delete
Name: MCCOY, CORNELL R SR.
Address: 6410 BLVD. OF CHAMPION
City-St-Zip: NORTH LAUDERDALE, FL 33308

Title: S () Delete
Name: SINGLETARY, ANDREA SISTER
Address: 1811 NW 2ND TERRACE
City-St-Zip: POMPANO BEACH, FL 33060

Title: V () Delete
Name: MOUZON, NATHANIEL
Address: 2626 NW 6TH STREET
City-St-Zip: POMPANO BEACH, FL 33069

Title: T () Delete
Name: MCCOY, CYNTHIA SISTER
Address: 402 S.W. 2ND STREET #22
City-St-Zip: DEERFIELD BEACH, FL 33441

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ANDREA SINGLETARY

SECT

05/04/2009

Electronic Signature of Signing Officer or Director

Date