

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002857

FILED
May 17, 2009
Secretary of State

Entity Name: NEW DIRECTION CHRISTIAN CENTER CORP.

Current Principal Place of Business:

6625 MIAMI LAKES DRIVE
350
MIAMI LAKES, FL 33014

New Principal Place of Business:

Current Mailing Address:

6625 MIAMI LAKES DRIVE
350
MIAMI LAKES, FL 33014

New Mailing Address:

FEI Number: 03-0539302 **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:

KATHLEEN, RUFFINO
6625 MIAMI LAKES
350
MIAMI LAKES, FL 33014 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: PD () Delete
Name: MCCAIN, HARRIET L
Address: 6625 MIAMI LAKES DRIVE #350
City-St-Zip: MIAMI LAKES, FL 33014

Title: VP () Delete
Name: PELLETIER, MIKE
Address: 6625 MIAMI LAKES DRIVE #350
City-St-Zip: MIAMI LAKES, FL 33014

Title: STD () Delete
Name: RUFFINO, KATHLEEN
Address: 6625 MIAMI LAKES DRIVE #350
City-St-Zip: MIAMI LAKES, FL 33014

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:

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: MIKE PELLETIER

VP

05/17/2009

Electronic Signature of Signing Officer or Director

Date