



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90166 032 ****70.00

DOCUMENT # N04000004744 1. Entity Name THE NEW COMMUNITY CHURCH OF DESTINY INC.					
Principal Place of Business 3408 SWINDELL RD LAKELAND, FL 33810			Mailing Address 3408 SWINDELL RD LAKELAND, FL 33810		
2. Principal Place of Business 3424 Swindell Rd Suite, Apt. #, etc.		3. Mailing Address 2270 GRIFFIN RD #548 Suite, Apt. #, etc.			
City & State Lakeland Fla Zip 33810		City & State Lakeland Fla Zip 33810		4. FEI Number 30-0255022	
Country POIK		Country POIK		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MACK, WILLIE W REV 3559 GALLOWAY OAKS CT LAKELAND, FL 33810				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	DP MACK, WILLIE E REV 3559 GALLOWAY OAKS CT LAKELAND, FL 33810 <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	D MACK, ERMA 3559 GALLOWAY OAKS CT LAKELAND, FL 33810 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: Willie W. Mack - Willie W. Mack					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 4/23/05 Daytime Phone # 863-853-1834	