

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000009121

FILED
Oct 05, 2006
Secretary of State

Entity Name: NEW DESTINY COMMUNITY CHURCH INCORPORATED

Current Principal Place of Business:

766 LARIMORE RD
PAHOKEE, FL 33476

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 554
PAHOKEE, FL 33476

New Mailing Address:

FEI Number: 41-2142803 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

HINES, PAMELA Y
1003 MAYFLOWER RD
FT PIERCE, FL 34950 US

Name and Address of New Registered Agent:

HINES, PAMELA Y
5810 SPANISH RIVER ROAD
FT PIERCE, FL 34951 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: PAMELA Y. HINES

10/05/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HINES, JARED E
Address: 4091 NORTH US HWY 1Z
City-St-Zip: FORT PIERCE, FL 34982

Title: PD () Delete
Name: HINES, PAMELA Y
Address: 4091 NORTH US HWY 1
City-St-Zip: FORT PIERCE, FL 34982

Title: S () Delete
Name: CALHOUN, DANA
Address: 1430 NW 111 ST
City-St-Zip: MIAMI, FL 33167

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HINES, JARED E
Address: 5810 SPANISH RIVER ROAD
City-St-Zip: FORT PIERCE, FL 34951

Title: PD (X) Change () Addition
Name: HINES, PAMELA Y
Address: 5810 SPANISH RIVER ROAD
City-St-Zip: FORT PIERCE, FL 34951

Title: S (X) Change () Addition
Name: CALHOUN, DANA
Address: 7631 NORTHWEST 4 AVENUE
City-St-Zip: MIAMI, FL 33150

Title: DEAC () Change (X) Addition
Name: HINES, CHARLES
Address: 7631 NORTHWEST 4 AVENUE
City-St-Zip: MIAMI, FL 33150

I hereby certify that the information supplied with this filing does not qualify for the 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: DANA CALHOUN

SECR

10/05/2006

Electronic Signature of Signing Officer or Director

Date