

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000000145

1. Entity Name
NEW DESTINY ASSEMBLY OF GOD INC.



Principal Place of Business
6311 US HWY. 17-92 N.
DAVENPORT, FL 33896 US

Mailing Address
P. O. BOX 316
LOUGHMAN, FL 33858 US

DO NOT WRITE IN THIS SPACE



01132007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3792992

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

VEGA, VICTOR M
6311 US HWY. 17-92 N.
DAVENPORT, FL 33896

**DO NOT WRITE
IN THIS SPACE**

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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) **DATE** _____

**Filing Fee is \$81.25
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE	DCEO
NAME	VEGA, VICTOR M
STREET ADDRESS	538 SADDLE RIDGE DR.
CITY-ST-ZIP	DAVENPORT, FL 33896
TITLE	TD
NAME	BROWN, RICHARD
STREET ADDRESS	625 GRANDIN DR.
CITY-ST-ZIP	DAVENPORT, FL 33837
TITLE	SD
NAME	ROBERTS, BECKY
STREET ADDRESS	6951 OSCEOLA-POLK-LINE ROAD
CITY-ST-ZIP	DAVENPORT, FL 33896
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/30/07-80041-005 70.00

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IN THIS SPACE**

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:

Richard W. Brown **TREASURER/Administrator**

1/18/07

407-346 5236

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #