2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N05000004232

Entity Name: NEW LEVEL CHRISTIAN CENTER, INC.

Current Principal Place of Business:

8800 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32211

New Principal Place of Business:

12226-2 BEACH BLVD
#2
JACKSONVILLE, FL 32211

Current Mailing Address:

2240 DUMFRIES CIRCLE E.
JACKSONVILLE, FL 32246

New Mailing Address:

FEI Number: 59-3804129 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RICHARDSON, LISA
2240 DUMFRIES CIRCLE E.
JACKSONVILLE, FL 32246 US

Name and Address of New Registered Agent:

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: RICHARDSON, DEWAYNE
Address: 2240 DUMFRIES CIRCLE E.
City-St-Zip: JACKSONVILLE, FL 32246

Title: V ( ) Delete
Name: RICHARDSON, LISA
Address: 2240 DUMFRIES CIRCLE E.
City-St-Zip: JACKSONVILLE, FL 32246

Title: D ( ) Delete
Name: YARBOURGH, ADDIE
Address: 1735 DAVIDSON ST.
City-St-Zip: JACKSONVILLE, FL 32207

Title: D ( ) Delete
Name: MORGAN, JOHN
Address: 9109 GREENLEAF ROAD
City-St-Zip: JACKSONVILLE, FL 32208

Title: D ( ) Delete
Name: WHITE, JEFF
Address: 1911 SPOONBILL STREET
City-St-Zip: JACKSONVILLE, FL 32224

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:

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: LISA E RICHARDSON DIR 04/30/2009

Electronic Signature of Signing Officer or Director — Date