

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004464

FILED
Apr 17, 2006
Secretary of State

Entity Name: NEW DIRECTIONS FAMILY WORSHIP CENTER, INC.

Current Principal Place of Business:

491 OAK ROAD SUITE 2
OCALA, FL 34472

New Principal Place of Business:

11075 S.E. 464 COUNTY ROAD
CANDLER, FL 32111

Current Mailing Address:

491 OAK ROAD SUITE 2
OCALA, FL 34472

New Mailing Address:

P. O. BOX 118
CANDLER, FL 32111

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HINSON, TIMOTHY
1505 SOUTH GROVE
ST. EUSTIS, FL 32726 US

Name and Address of New Registered Agent:

CURTIS, DIANE
1505 SOUTH GROVE
ST. EUSTIS, FL 32726 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: DIANE CURTIS

04/17/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BROCKINGTON, II, HUGH F
Address: 19715 EAGLES VIEW CIRCLE
City-St-Zip: UMATILLA, FL 32784

Title: DVPS () Delete
Name: BROCKINGTON, DOROTHY L
Address: 19715 EAGLES VIEW CIRCLE
City-St-Zip: UMATILLA, FL 32784

Title: DS () Delete
Name: THOMAS, ELSIE
Address: 11441 COUNTRY ROAD 464
City-St-Zip: OCKLAWAHA, FL 32179

Title: T () Delete
Name: ALEXANDER, BETSY
Address: 491 OAK ROAD SUITE 2
City-St-Zip: OCALA, FL 34472

Title: D () Delete
Name: CURTIS, THERESA D
Address: 491 OAK ROAD SUITE 2
City-St-Zip: OCALA, FL 34472

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 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: HUGH F. BROCKINGTON II

DP

04/17/2006

Electronic Signature of Signing Officer or Director

Date