

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004464

FILED
Apr 30, 2009
Secretary of State

Entity Name: NEW DIRECTIONS FAMILY WORSHIP CENTER, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 118
CANDLER, FL 32111

New Mailing Address:

FEI Number: 76-0790090

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CURTIS, THERESA D
1505 SOUTH GROVE ST.
EUSTIS, FL 32726 US

Name and Address of New Registered Agent:

SCOTT, HANNAH B
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: HANNAH SCOTT

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BROCKINGTON, II, HUGH F
Address: 1505 S. GROVE ST.
City-St-Zip: EUSTIS, FL 32726

Title: DVPS () Delete
Name: BROCKINGTON, DOROTHY L
Address: 1505 SOUTH GROVE ST.
City-St-Zip: EUSTIS, FL 32726

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

Title: T () Delete
Name: ALEXANDER, BETSY
Address: 16900 S.E. 155TH AVE.
City-St-Zip: WEIRSDALE, FL 32195

Title: D () Delete
Name: CURTIS, THERESA D
Address: 2493 S.E. 73RD ST.
City-St-Zip: OCALA, FL 34480

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: D (X) Change () Addition
Name: SCOTT, HANNAH B
Address: 2415 N.E. 7TH ST. UNIT 15
City-St-Zip: OCALA, FL 34470

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: HUGH F. BROCKINGTON II

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date