

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002619

FILED
Feb 02, 2007
Secretary of State

Entity Name: NEW GENERATION CHRISTIAN CENTER INC

Current Principal Place of Business:

306 NORTHWEST 7TH AVE
HOMESTEAD, FL 33030 US

New Principal Place of Business:

Current Mailing Address:

306 NORTHWEST 7TH AVE
HOMESTEAD, FL 33030 US

New Mailing Address:

FEI Number: 20-4467550

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROBINSON, EDWIN
306 NORTHWEST 7TH AVE
HOMESTEAD, FL 33030 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: DP () Delete
Name: ROBINSON, EDWIN
Address: 5780 KENWOOD DR
City-St-Zip: NORTH PORT, FL 34287 US

Title: DST () Delete
Name: BUTLER, NATASHA
Address: 306 NORTHWEST 7TH AVE
City-St-Zip: HOMESTEAD, FL 33030 US

Title: D () Delete
Name: ROBINSON, SYLVIA
Address: 5780 KENWOOD DR
City-St-Zip: NORTH PORT, FL 34287 US

Title: D () Delete
Name: LEE, JOHN
Address: 1534 NORTHEAST 8TH STREET APT 204
City-St-Zip: HOMESTEAD, FL 33033 US

Title: D () Delete
Name: LEE, ANGELA
Address: 1534 NORTHEAST 8TH STREET APT 204
City-St-Zip: HOMESTEAD, FL 33033 US

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: EDWIN L ROBINSON

DP

02/02/2007

Electronic Signature of Signing Officer or Director

Date