

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005188

FILED
Apr 25, 2009
Secretary of State

Entity Name: NEW DESTINY RESCUE TEMPLE OF THE APOSTOLIC FAITH INC.

Current Principal Place of Business:

3111 W. DR. M.L.K. BLVD.
SUITE 100
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

3111 W. DR. M.L.K. BLVD.
SUITE 100
TAMPA, FL 33607

New Mailing Address:

FEI Number: 16-1741046

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOSTON, BRUCE D DR.
3301 58TH. AVE NORTH
ST. PETERSBURG, FL 33714 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: BOSTON, BRUCE D FOUNDER
Address: 3301 58TH. AVE NORTH
City-St-Zip: ST. PETERSBURG, FL 33714

Title: CEO () Delete
Name: STRAUGHTER, BERNADETTE
Address: 2705 N. 10TH ST.
City-St-Zip: TAMPA, FL 33605

Title: T () Delete
Name: JOHNSON, WILLIAM
Address: 902 OTTO VILLA PLACE
City-St-Zip: TAMPA, FL 33012

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:

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: DR. BRUCE D. BOSTON

P

04/25/2009

Electronic Signature of Signing Officer or Director

Date