

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000005188

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

2202 N. WEST SHORE BOULEVARD  
SUITE 200  
TAMPA, FL 33607

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 4088  
TAMPA, FL 33677

**New Mailing Address:**

P.O. BOX 854  
TALLAHASSEE, FL 32302

**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.  
2901 CORK ROAD  
PLANT CITY, FL 33565 US

**Name and Address of New Registered Agent:**

BOSTON, BRUCE D DR.  
982 W. BREVARD STREET  
TALLAHASSEE, FL 32304 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: \_\_\_\_\_

04/25/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BOSTON, BRUCE D FOUNDER  
Address: 982 W. BREVARD STREET  
City-St-Zip: TALLAHASSEE, FL 32302

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

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

I hereby 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 all other like empowered.

SIGNATURE: DR. BRUCE BOSTON

P

04/25/2011

Electronic Signature of Signing Officer or Director

Date