

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008383

FILED
May 27, 2007
Secretary of State

Entity Name: NEW DESTINY CHILDRENS HOME, INC.

Current Principal Place of Business:

5012 DONCASTER AVE
JACKSONVILLE, FL 32208

New Principal Place of Business:

1281 TURTLE CREEK DRIVE SOUTH
JACKSONVILLE, FL 32218

Current Mailing Address:

5012 DONCASTER AVE
JACKSONVILLE, FL 32208

New Mailing Address:

7579 ORTEGA BLUFF PKWY
JACKSONVILLE, FL 32244

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

YATES, DEVOYE K
7579 ORTEGA BLUFF PKWY
JACKSONVILLE, FL 32244 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: PD () Delete
Name: YATES, DEVOYE K
Address: 7579 ORTEGA BLUFF PKWY
City-St-Zip: JACKSONVILLE, FL 32244

Title: VPD () Delete
Name: YATES, SABRINA M
Address: 7579 ORTEGA BLUFF PKWY
City-St-Zip: JACKSONVILLE, FL 32244

Title: TD () Delete
Name: WADE, CATHY
Address: 6648 AUTUMN BLUFF LN
City-St-Zip: JACKSONVILLE, FL 32244

Title: SD () Delete
Name: SIMMONS, GWENDOLYN
Address: 11291 HARTS RD
City-St-Zip: JACKSONVILLE, FL 32218

Title: D () Delete
Name: MYERS, CAROLYN E
Address: 5012 DONCASTER AVE
City-St-Zip: JACKSONVILLE, FL 32208

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: MYERS, CAROLYN E
Address: 7579 ORTEGA BLUFF PKWY
City-St-Zip: JACKSONVILLE, FL 32244

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: DEVOYE K. YATES

PD

05/27/2007

Electronic Signature of Signing Officer or Director

Date