

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008383

FILED  
Jan 05, 2008  
Secretary of State

Entity Name: NEW DESTINY CHILDRENS HOME, INC.

**Current Principal Place of Business:**

6451 HARLOW BLVD  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

**Current Mailing Address:**

7579 ORTEGA BLUFF PKWY  
JACKSONVILLE, FL 32244

**New Mailing Address:**

FEI Number: 26-0635461

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

YATES, DEVOYE K  
6451 HARLOW BLVD  
JACKSONVILLE, FL 32210 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: 7579 ORTEGA BLUFF PKWY  
City-St-Zip: JACKSONVILLE, FL 32244

**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: SD (X) Change ( ) Addition  
Name: SIMMONS, GWENDOLYN  
Address: 2020 OAK GLEN RD  
City-St-Zip: JACKSONVILLE, FL 32218

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: DEVOYE K. YATES

PD

01/05/2008

Electronic Signature of Signing Officer or Director

Date