

**NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # N0700006207

1. Entity Name

New Image Christian Center, Inc



FILED

08 MAY 30 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2328 Apalachee Pkwy

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

32301

Country

USA

Zip

Country

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

CR2E037B (8/05)

7. Name and Address of Current Registered Agent

Name David Eggleston, Pastor

Street Address (P.O. Box Number is Not Acceptable)

4517 Bowfin Dr.

City

Tallahassee

FL

Zip Code

32303

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5/30/08

**FEE IS \$61.25
Initial or Amended AR**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pastor David Eggleston 4517 Bowfin Dr. Tallahassee, FL 32303	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200131408092 06/17/08--01018--012 **70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Margaret Eggleston 4517 Bowfin Dr. Tallahassee, FL 32303	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Harriett Moore Same as corp. Tallahassee, FL 32301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sandra Tynes Same as corp. Tallahassee, FL 32301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lasonya Ware Same as corp. Mudway, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Louise Patterson Same as corp. Tallahassee, FL 32301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or on an attachment with an address, with another like empowered.

SIGNATURE:

5/30/08 514-1447