2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2009
Secretary of State

DOCUMENT# N07000006207

Entity Name: NEW IMAGE CHRISTIAN CENTER, INC.

Current Principal Place of Business:

2328 APALACHEE PARKWAY
#3
TALLAHASSEE, FL 32301

New Principal Place of Business:

1214 CAPITAL CIRCLE SE
TALLAHASSEE, FL 32301

Current Mailing Address:

2328 APALACHEE PARKWAY
#3
TALLAHASSEE, FL 32301

New Mailing Address:

1214 CAPITAL CIRCLE SE
TALLAHASSEE, FL 32301

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:

EGGLESTON, DAVID PASTOR
4517 BOWFIN DRIVE
TALLAHASSEE, FL 32303 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: EGGLESTON, DAVID
Address: 4517 BOWFIN DR
City-St-Zip: TALLAHASSEE, FL 32303

Title: ST ( ) Delete
Name: EGGLESTON, MARGARET
Address: 4517 BOWFIN DR
City-St-Zip: TALLAHASSEE, FL 32303

Title: D ( ) Delete
Name: MOORE, HARRIETT
Address: 1411 KINGSFORD AVE.
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete
Name: TYNES, SANDRA
Address: 2096-D BATTLE MOUNTAIN RD.
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete
Name: WARE, LASONYA
Address: 65 SUMPTER RIDGE RD.
City-St-Zip: MIDWAY, FL 32343

Title: D ( ) Delete
Name: PATTERSON, LOUISE
Address: 610 LAURA LEE AVE.
City-St-Zip: TALLAHASSEE, FL 32301

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: ( ) 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: DAVID EGGLESTON PD 07/06/2009
Electronic Signature of Signing Officer or Director — Date