2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2010
Secretary of State

DOCUMENT# N07000006207

Entity Name: NEW IMAGE CHRISTIAN CENTER, INC.

Current Principal Place of Business:

1214 CAPITAL CIRCLE SE
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

1214 CAPITAL CIRCLE SE
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

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

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

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

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

Title: D
Name: LANE, E. ANTHONY
Address: 1214 CAPITAL CIRCLE SE
City-St-Zip: TALLAHASSEE, FL 32301

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: DAVID EGGLESTON PD 04/29/2010

Electronic Signature of Signing Officer or Director — Date