

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006207

FILED
Feb 22, 2011
Secretary of State

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: 01-0902306

FEI Number Applied For ()

FEI Number Not Applicable ()

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

Title: S
Name: THOMAS, TIFFANY
Address: 984 BALKIN RD
City-St-Zip: TALLAHASSEE, FL 32305

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: ROEBUCK, SARAH
Address: 984 BALKIN RD
City-St-Zip: TALLAHASSEE, FL 32305

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

02/22/2011

Electronic Signature of Signing Officer or Director

Date