

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010360

FILED
Sep 01, 2009
Secretary of State

Entity Name: NEW DESTINY COMMUNITY DEVELOPMENT CORPORATION

Current Principal Place of Business:

555 KIRK ROAD APT, A209
PALM SPRINGS, FL 33461

New Principal Place of Business:

351 W. HILLSBORO BLVD.
303
DEERFIELD BEACH, FL 33441

Current Mailing Address:

PO BOX 7354
DELRAY BEACH, FL 33482

New Mailing Address:

555 KIRK ROAD
A - 209
PALM SPRINGS, FL 33461

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () 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:

SAPP, BONNIE
4881 GRIFFIN ROAD APT 410
DAVIE, FL 33314 US

Name and Address of New Registered Agent:

SAPP, BONNIE L
555 KIRK ROAD
A 209
PALM SPRINGS, FL 33461 US

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: BONNIE L. SAPP

09/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: EXD () Delete
Name: SAPP, BONNIE
Address: 4881 GRIFFIN ROAD APT 410
City-St-Zip: DAVIE, FL 33314

Title: PD () Delete
Name: WILSON, NORMAN
Address: 3288 NW 41ST STREET
City-St-Zip: FT LAUDERDALE, FL 33309

Title: CD () Delete
Name: SMITH, LINDA
Address: 542 SW 27 TERRANCE
City-St-Zip: FT LAUDERDALE, FL 33312

Title: T () Delete
Name: WILSON, EUNICE
Address: 3288 NW 41ST STREET
City-St-Zip: FT LAUDERDALE, FL 33309

Title: S (X) Delete
Name: RYALS, LUCRETIA
Address: 847 NW 45TH STREET
City-St-Zip: POMPANO BEACH, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: EXD (X) Change () Addition
Name: SAPP, BONNIE L
Address: 555 KIRK ROAD APT. A - 209
City-St-Zip: PALM SPRINGS, FL 33461

Title: PD (X) Change () Addition
Name: RYALS, BENJAMIN D 3RD
Address: 847 N. W. 45 STREET
City-St-Zip: POMPANO BEACH, FL 33064

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: BONNIE L. SAPP

EXD

09/01/2009

Electronic Signature of Signing Officer or Director

Date