2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# N37418

Entity Name: NORTHDADE ASSEMBLY CHRISTIAN CENTER, INC.

Current Principal Place of Business:

% REV. CHESTERFIELD A. WILSON
11111 NW 17TH AVE
MIAMI, FL 33167

New Principal Place of Business:

Current Mailing Address:

% REV. CHESTERFIELD A. WILSON
11111 NW 17TH AVE
MIAMI, FL 33167

New Mailing Address:

FEI Number: 65-0183410 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILSON, CHESTERFIELD A. REV
11111 NW 17TH AVE
MIAMI, FL 33167 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: WILSON, CHESTERFIELD A.
Address: 3921 NW 172 TER
City-St-Zip: MIAMI, FL

Title: VD ( ) Delete
Name: WILSON, JACQUELINE B.
Address: 3921 NW 172 TER
City-St-Zip: MIAMI, FL

Title: S ( ) Delete
Name: CRAWFORD, GLORIA
Address: 120 S.W. 75 TERR
City-St-Zip: PLANTATION, FL 33317

Title: TD ( ) Delete
Name: BROWN, ANNA
Address: 565 NW 210 ST #103
City-St-Zip: MIAMI, FL 33169

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:

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: CHESTERFIELD WILSON PRES 04/17/2009

Electronic Signature of Signing Officer or Director — Date