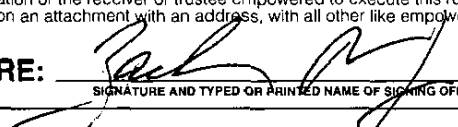


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2004 8:00 am
Secretary of State

06-09-2004 90004 007 ****61.25

DOCUMENT # N96000003164 1. Entity Name NEW DESTINY CHRISTIAN CENTER CHURCH, INC.					
Principal Place of Business 505 E.MCCORMICK RD APOPKA, FL 32703			Mailing Address 505 E.MCCORMICK RD APOPKA, FL 32703		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3383244	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent TIMS, ZACHERY JR. XXXXXX 505 E. MCCORMICK RD. ORLANDO, FL 32818 APOPKA, FL 32703				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. 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. I am familiar with, and accept the obligations of registered agent.				FL Zip Code	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TIMS, ZACHERY JR. 2309 MOUNTAIN SPRUCE ST OCOE, FL 34761 ☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TIMS, RIVA F 2309 MOUNTAIN SPRUCE ST OCOE, FL 34761 ☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ESANNASON, FRED 8607 WHITE ROSE DRIVE ORLANDO, FL 32818 ☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ESANNASON, MARGURITE 8607 WHITE ROSE DRIVE ORLANDO, FL 32818 ☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TIMS, ZACHERY JR. 1550 BAYWATER COURT HEATHROW, FL 32746 ☒ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TIMS, RIVA F 1550 BAYWATER COURT HEATHROW, FL 32746 ☒ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ESANNASON, FRED 1780 CAROLINA WREN DR. OCOE, FL 34760 ☒ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ESANNASON, MARGURITE 1780 CAROLINA WREN DR. OCOE, FL 34760 ☒ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  President SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 5-28-04 Daytime Phone #: 407-298-5770					