2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

05 SEP 22 PM 7:20

DOCUMENT # N96000003164

1. Entity Name
NEW DESTINY CHRISTIAN CENTER CHURCH, INC.

Principal Place of Business	Mailing Address
505 E.MCCORMICK RD APOPKA, FL 32703	505 E.MCCORMICK RD APOPKA, FL 32703

08032005 Chg-NP CR2E037 (10/03) 05

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3383244 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TIMS, ZACHERY JR.
505 E. MCCORMICK RD.
APOPKA, FL 32703

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
9935 Lake Louise Dr.

City Windermere FL Zip Code 34786

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.

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 7, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TIMS, ZACHERY JR. ~~1550 BAYWATER COURT~~ 9935 LAKE LOUISE DR ~~HEATHROW, FL 32746~~ WINDERMERE FL 34786	☐ Delete	D ADA BARRETT 6820 WOODGRAIN COURT OCOEE FL 34761	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD TIMS, RIVA F ~~1550 BAYWATER COURT~~ 9935 LAKE LOUISE DR ~~HEATHROW, FL 32746~~ WINDERMERE FL 34786	☐ Delete	D NILSA CHARLES 309 STERLING LAKE DRIVE OCOEE FL 34761	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ESANNASON, FRED 1780 CAROLINA WREN OCOEE, FL 34760	☐ Delete	D SAMUEL ANDERSON 4282 McKINNON ROAD WINDERMERE FL 34786	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ESANNASON, MARGURITE 1780 CAROLINA WREN DR. OCOEE, FL 34760	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	900059998459 09/27/05--01030--001 **297.50	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: _____ 9/15/2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B. Mitchell SEP 2 2 2005