
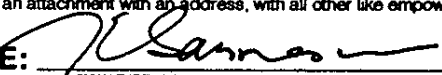


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

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	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent TIMS, ZACHERY JR. 9935 LAKE LOUISE DRIVE WINDERMERE, FL 34786		DO NOT WRITE IN THIS SPACE
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 _____ (NOTE: Registered Agent signature required when reappointing) Signature, typed or printed name of registered agent and title if applicable		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TIMS, ZACHERY JR. 9935 LAKE LOUISE DRIVE WINDERMERE, FL 34785	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TIMS, RIVA F 9935 LAKE LOUISE DRIVE WINDERMERE, FL 34785	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ESANNASON, FRED 1780 CAROLINA WREN OCOE, FL 34760	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ESANNASON, MARGURITE 1780 CAROLINA WREN DR. OCOE, FL 34760	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRETT, ADA 6820 WOODGRAIN COURT OCOE, FL 34761	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHARLES, NILSA 309 STERLING LAKE DRIVE OCOE, FL 34761	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3/29/2007 Date 407.298.5770 Daytime Phone #

MARGUERITE ESANNASON



01052007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3383244

Applied For
Not Applicable

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

U000000687852
04/10/07-80057-001 70.00

**DO NOT WRITE
IN THIS SPACE**