## 2008 NOT-FOR-PROFIT CORPORATION

## Mar 10, 2008 8:00 am **ANNUAL REPORT** Secretary of State DOCUMENT # N96000003164 03-10-2008 90064 030 \*\*\*\*70.00 NEW DESTINY CHRISTIAN CENTER CHURCH, INC. Mailing Address Principal Place of Business 505 E.MCCORMICK RD 505 E.MCCORMICK RD APOPKA, FL 32703 APOPKA FL 32703 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02012008 CR2E037 (12/06) Chg-NP Applied For 4. FEI Number 59-3383244 City & State City & State Not Applicable Ζip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TIMS, ZACHERY JR. 9935 LAKE LOUISE DRIVE Street Address (P.O. Box Number is Not Acceptable) WINDERMERE, FL 34786 11000 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 reinstating) 9. Election Campaign Financing ツ′ 入幣(Filing Fee is \$61.25 Example 10 Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Addition TITLE DIRECTOR ITHE ☐ Delete ☐ Change SAM ANDERSON 4282 MCKINNON ROAD TIMS, ZACHERY JR. NAME NAME STREET ADDRESS 9935 LAKE LOUISE DRIVE STREET ADDRESS WINDERMERE, FL 34785 CITY-ST-ZIP CITY-ST-7IP WINDERMERE FL 34786 Change VPD Delete TITLE ■ Addition MIE TIMS, RIVA F NAME NAME STREET ADDRESS 9935 LAKE LOUISE DRIVE STREET ADDRESS CITY-ST-ZIP WINDERMERE, FL 34785 COY-ST-70P TD TITLE TITLE Delete ☐ Change ☐ Addition NAME ESANNASON, FRED NAME STREET ADDRESS 1780 CAROLINA WREN STREET ADDRESS OCOEE, FL 34760 CITY-ST-7P CITY-ST-7IP SD TITLE ☐ Delete TITLE ☐ Change Addition ESANNASON, MARGURITE NAME NAME STREET ADDRESS 1780 CAROLINA WREN DR. STREET ADDRESS OCOEE, FL 34760 CITY-ST-7IP CITY-ST-7IP TIME ☐ Delete TITLE ☐ Change ☐ Addition BARRETT, ADA NAME NAME STREET ADDRESS 6820 WOODGRAIN COURT STREET ADDRESS CITY-ST-ZIP OCOEE, FL 34761 CITY.ST. 7/P mre TITLE Change Addition

12. I hereby certify that the information supplied with this filling 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 cath; 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

NAME

STREET ADDRESS

CITY-ST-ZIP

CHARLES, NILSA

OCOEE, FL 34761

309 STERLING LAKE DRIVE

AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE

Davime Phone #

FILED