

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003164

FILED
Feb 10, 2009
Secretary of State

Entity Name: NEW DESTINY CHRISTIAN CENTER CHURCH, INC.

Current Principal Place of Business:

505 E. MCCORMICK RD
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

505 E. MCCORMICK RD
APOPKA, FL 32703

New Mailing Address:

FEI Number: 59-3383244

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TIMS, ZACHERY JR.
11007 ULLWATER LANE
WINDERMERE, FL 34786 US

Name and Address of New Registered Agent:

TIMS, ZACHERY JR.
8327 VIA VERONA
ORLANDO, FL 32836 US

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:

02/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TIMS, ZACHERY JR.
Address: 9935 LAKE LOUISE DRIVE
City-St-Zip: WINDERMERE, FL 34785

Title: D () Delete
Name: ANDERSON, SAMN
Address: 4282 MCKINNON ROAD
City-St-Zip: WINDERMERE, FL 34786

Title: TD () Delete
Name: ESANNASON, FRED
Address: 1780 CAROLINA WREN
City-St-Zip: OCOEE, FL 34760

Title: SD () Delete
Name: ESANNASON, MARGURITE
Address: 1780 CAROLINA WREN DR.
City-St-Zip: OCOEE, FL 34760

Title: D () Delete
Name: BARRETT, ADA
Address: 6820 WOODGRAIN COURT
City-St-Zip: OCOEE, FL 34761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TIMS, ZACHERY JR.
Address: 8327 VIA VERONA
City-St-Zip: ORLANDO, FL 32836

Title: D (X) Change () Addition
Name: ANDERSON, SAM
Address: 4282 MCKINNON ROAD
City-St-Zip: WINDERMERE, FL 34786

Title: TD (X) Change () Addition
Name: ESANNASON, FRED
Address: 1780 CAROLINA WREN
City-St-Zip: OCOEE, FL 34761

Title: SD (X) Change () Addition
Name: ESANNASON, MARGUERITE
Address: 1780 CAROLINA WREN DR.
City-St-Zip: OCOEE, FL 34761

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: MARGUERITE ESANNASON

SD

02/10/2009

Electronic Signature of Signing Officer or Director

Date