

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000006862

FILED
Apr 30, 2003
Secretary of State

Entity Name: NEW DESTINY FAMILY WORSHIP CENTER INC.

Current Principal Place of Business:

1516 SW ML KING JR STREET
BELLE GLADE, FL 33430

New Principal Place of Business:

Current Mailing Address:

PO BOX 336
BELLE GLADE, FL 33430

New Mailing Address:

FEI Number: 65-0797539

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THICKLIN, J R
1019 LAKE TERRY DRIVE
A
WEST PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

THICKLIN, J R
516 38TH STREET
WEST PALM BEACH, FL 33407 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:

04/30/2003

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DVD () Delete
Name: TOWNS, W.T.
Address: 644 W 36TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407

Title: DT () Delete
Name: VICKERS, JEFF
Address: 302 GLADES GLENN
City-St-Zip: BELLE GLADE, FL 33430

Title: DSD () Delete
Name: CARTER, VALERIE
Address: 260 S BARFIELD HWY APT F
City-St-Zip: PAHOKEE, FL 33476

Title: D () Delete
Name: THLOKLIN, JR
Address: 1019 LAKE TERRY DR. #A
City-St-Zip: WEST PALM BEACH, FL 33411

Title: TVT () Delete
Name: BROWN, IOLANTHE
Address: 624 COVENANT DR APT E
City-St-Zip: BELLE GLADE, FL 33430

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: THICKLIN, J.R.
Address: 516 38TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: J.R. THICKLIN

D

04/30/2003

Electronic Signature of Signing Officer or Director

Date