

## 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 08, 2000 8:00 a  
Secretary of State

02-08-2000 90170 042 \*\*\*\*61.25

DOCUMENT # N98000002601

1. Entity Name

NEW DESTINY CHRISTIAN CENTER INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

3601 W. COMMERCIAL BLVD. #35  
FT. LAUDERDALE FL 333093601 W. COMMERCIAL BLVD. #35  
FT. LAUDERDALE FL 33309-3329

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

65-0833757

Applied

Not

5. Certificate of Status Desired ☐

\$8.75

Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, KENNY M  
7160 N.W. 47TH PLACE  
LAUDERHILL FL 33319

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.259. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	<input type="checkbox"/> Delete
NAME	BENNETT, WOODROW	
STREET ADDRESS	3601 W. COMMERCIAL BLVD. #35	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T/D	<input type="checkbox"/> Delete
NAME	DAVIS, KENNY M	
STREET ADDRESS	3601 W. COMMERCIAL BLVD. #35	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S/D	<input type="checkbox"/> Delete
NAME	DAVIS, MICHELLE B	
STREET ADDRESS	3601 W. COMMERCIAL BLVD. #35	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 11, 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

Date

Daytime Phone #

27/00 954-442-0330