

# 2001 UNIFORM BUSINESS REPORT (UBR)

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 33309

3601 W. COMMERCIAL BLVD. #35  
FT. LAUDERDALE FL 33309

2. Principal Place of Business

8745 NW 57 St

3. Mailing Address

8745 NW 57 St

Suite, Apt. #, etc.

Tamarac Fla.

Suite, Apt. #, etc.

Tamarac Fla.

City & State

City & State

4. FEI Number

65-0833757

Applied For

Not Applicable

Zip

Country

33351

Zip

Country

33351

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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 \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE P/D ☐ Delete  
NAME BENNETT, WOODROW  
STREET ADDRESS 3601 W. COMMERCIAL BLVD. #35  
CITY-ST-ZIP FT. LAUDERDALE FL 33309

TITLE T/D ☒ Delete  
NAME DAVIS, KENNY M  
STREET ADDRESS 3601 W. COMMERCIAL BLVD. #35  
CITY-ST-ZIP FT. LAUDERDALE FL 33309

TITLE S/D ☒ Delete  
NAME DAVIS, MICHELLE B  
STREET ADDRESS 3601 W. COMMERCIAL BLVD. #35  
CITY-ST-ZIP FT. LAUDERDALE FL 33309

TITLE T/D ☐ Delete  
NAME Sheri S. Culbreath  
STREET ADDRESS 8200 NW 44th, Sunrise FL 33351  
CITY-ST-ZIP

TITLE S/D ☐ Delete  
NAME Gwendolyn Hudson  
STREET ADDRESS 7160 NW 47th, Lauderhill FL 33319  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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

Date

Daytime Phone #

FILED  
Apr 04, 2001 8:00 am  
Secretary of State

04-04-2001 90495 044 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

0046024

CR2E037 (10/00)