

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004907

FILED  
Apr 20, 2009  
Secretary of State

**Entity Name:** NEW COMMUNITY BAPTIST CHURCH, INC.

**Current Principal Place of Business:**

1003 S. JOHN YOUNG PARKWAY  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 421568  
KISSIMMEE, FL 34742

**New Mailing Address:**

**FEI Number:** 59-3542900

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MILAM, ARCENA  
2449 SABLE DRIVE  
KISSIMMEE, FL 34744 US

**Name and Address of New Registered Agent:**

MILAM, ARCENA SECRETA  
1003 S. JOHN YOUNG PARKWAY  
KISSIMMEE, FL 34741 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: ARCENA MILAM

04/20/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MADDOX, DONNIE  
Address: 423 E. DRURY AVE  
City-St-Zip: KISSIMMEE, FL 34744

Title: T ( ) Delete  
Name: JACKSON, JOSEPH  
Address: 2821 BENTON LANE  
City-St-Zip: KISSIMMEE, FL 34746

Title: M ( ) Delete  
Name: DELONG, MICHAEL  
Address: 716 VERONA STREET  
City-St-Zip: KISSIMMEE, FL 34741

Title: T ( ) Delete  
Name: SANCHEZ, DOMINGO  
Address: 2800 VICKIE COURT  
City-St-Zip: KISSIMMEE, FL 34744

Title: C ( ) Delete  
Name: GENTILE, KATIE  
Address: 4521 ROSS LANIER LANE  
City-St-Zip: KISSIMMEE, FL 34758

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

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: DONNIE MADDOX

D

04/20/2009

Electronic Signature of Signing Officer or Director

Date