

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744143

Entity Name: NEW CITY MINISTRY, INC.**Current Principal Place of Business:**7154 N UNIVERSITY DR STE 233
TAMARAC, FL 33321**Current Mailing Address:**7154 N UNIVERSITY DR STE 233
TAMARAC, FL 33321**FEI Number:** 59-2471090**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MAS, JIMMY
7154 N UNIVERSITY DR STE 233
TAMARAC, FL 33321 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	MAS, JIMMY
Address	22503 SHIBE PARK COURT
City-State-Zip:	SPRING TX 77389

Title	TD
Name	MAS, TERESA A
Address	22503 SHIBE PARK COURT
City-State-Zip:	SPRING TX 77389

Title	DIRECTOR
Name	EKSTROM, JEFFREY
Address	3738 PICKARD ROAD
City-State-Zip:	SINCLAIRVILLE NY 14782

Title	SD
Name	SOTO JR, ELSON
Address	8661 NW 21ST COURT
City-State-Zip:	SUNRISE FL 33322

Title	V PRESIDENT, D
Name	MAS, DANIEL J
Address	47 WYATT OAKS DRIVE
City-State-Zip:	TOMBAU TX 77375

Title	DIRECTOR
Name	VOGEL, RALPH
Address	500 SALEM LANE
City-State-Zip:	GIBSONIA PA 15044

I hereby 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 all other like empowered.

SIGNATURE: TERESA A. MAS**TREASURER****04/27/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date