

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000006207

**Entity Name:** NEW IMAGE CHRISTIAN CENTER, INC.

**Current Principal Place of Business:**

1140 WEST THARPE STREET  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

PO BOX 4257  
TALLAHASSEE, FL 32315 US

**FEI Number:** 01-0902306

**Certificate of Status Desired:** No

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

EGGLESTON, DAVID PASTOR  
4517 BOWFIN DRIVE  
TALLAHASSEE, FL 32303 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:** DAVID EGGLESTON

05/07/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name EGGLESTON, DAVID  
Address 4517 BOWFIN DR  
City-State-Zip: TALLAHASSEE FL 32303

Title T, S  
Name EGGLESTON, MARGARET  
Address 4517 BOWFIN DR  
City-State-Zip: TALLAHASSEE FL 32303

Title D  
Name TYNES, SANDRA  
Address 2096-D BATTLE MOUNTAIN RD.  
City-State-Zip: TALLAHASSEE FL 32301

Title D  
Name GORDON, MICHAEL  
Address 1140 WEST THARPE STREET  
City-State-Zip: TALLAHASSEE FL 32303

Title D  
Name YOUNG, BRITTANY  
Address 1908 SADDLE BROOK DRIVE  
City-State-Zip: TALLAHASSEE FL 32303

*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:** MARGARET EGGLESTON

S,T

05/07/2025

Electronic Signature of Signing Officer/Director Detail

Date