

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006207

Entity Name: NEW IMAGE CHRISTIAN CENTER, INC.**Current Principal Place of Business:**1214 CAPITAL CIRCLE SE
TALLAHASSEE, FL 32301**Current Mailing Address:**1214 CAPITAL CIRCLE SE
TALLAHASSEE, FL 32301**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:**_____
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	S
Name	THOMAS, TIFFANY
Address	984 BALKIN RD
City-State-Zip:	TALLAHASSEE FL 32305

Title	D
Name	WARE, LASONYA
Address	65 SUMPTER RIDGE RD.
City-State-Zip:	MIDWAY FL 32343

Title	T
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	ROEBUCK, SARAH
Address	984 BALKIN RD
City-State-Zip:	TALLAHASSEE FL 32305

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 LYLES EGGLESTON

T

02/11/2013

Electronic Signature of Signing Officer/Director Detail_____
Date