

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19385

**Entity Name:** CHRISTIAN DEVELOPMENT CENTER OF NE FL, INC.

**Current Principal Place of Business:**

1841 EVERGREEN AVENUE  
JACKSONVILLE, FL 32206

**Current Mailing Address:**

1841 EVERGREEN AVENUE  
JACKSONVILLE, FL 32206 US

**FEI Number:** 59-2756832

**Certificate of Status Desired:** Yes

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

POLLARD, DESSIE  
9453 SAPPINGTON AVE.  
JACKSONVILLE, FL 32206 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 POLLARD, DESSIE B JR  
Address 9453 SAPPINGTON AVE.  
City-State-Zip: JACKSONVILLE FL 32208

Title VPS  
Name POLLARD, PAULA L  
Address 9453 SAPPINGTON AVE.  
City-State-Zip: JACKSONVILLE FL 32206

Title T  
Name PRESHA, TONY  
Address 1052 E. 10TH STREET  
City-State-Zip: JACKSONVILLE FL 32206

Title SECRETARY  
Name ALLEN, OMEGA  
Address 13825 VICTORIA LAKE DR  
City-State-Zip: JACKSONVILLE FL 32226

*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:** DESSIE POLLARD

PD

03/08/2023

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date