# 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

Electronic Signature of Signing Officer/Director Detail

# 2024 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

## 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

# **Officer/Director Detail :**

Title	PD	Title	VPS
Name	POLLARD, DESSIE B JR	Name	POLLARD, PAULA L
Address	9453 SAPPINGTON AVE.	Address	9453 SAPPINGTON AVE.
City-State-Zip:	JACKSONVILLE FL 32208	City-State-Zip:	JACKSONVILLE FL 32206
Title	т	Title	SECRETARY
Title Name	T PRESHA, TONY	Title Name	SECRETARY ALLEN, OMEGA
	T PRESHA, TONY 1052 E. 10TH STREET		

PRE

04/15/2024

# FILED Apr 15, 2024 Secretary of State 0390248127CC

Certificate of Status Desired: No

Date

Date