

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23000014074

Entity Name: A NU DAWNING CHRISTIAN CENTER, INC.**Current Principal Place of Business:**2620 N. AUSTRALIAN AVENUE
SUITE 103
WEST PALM BEACH, FL 33407**Current Mailing Address:**2620 N. AUSTRALIAN AVENUE
SUITE 103
WEST PALM BEACH, FL 33407 UN**FEI Number:** 93-4656093**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILLIAMS, RENE D
1419 7TH ST
WEST PALM BEACH, FL 33401 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	P
Name	WILLIAMS, RENE D
Address	1419 7TH ST
City-State-Zip:	WEST PALM BEACH FL 33401

Title	OM
Name	CROAL, DORNSFORD A
Address	2548 CANTERBURY DRIVE,S
City-State-Zip:	WEST PALM BEACH FL 33407

Title	O
Name	BROWN, CAROL
Address	1051 CAMEO CIRCLE
City-State-Zip:	WEST PALM BEACH FL 33417--

Title	S
Name	PATRICK, KIM R
Address	3630 ALDER DRIVE B2
City-State-Zip:	WEST PALM BEACH FL 33417

Title	T
Name	THOMAS, MARILYN
Address	1824 ECHO LAKE DRIVE
City-State-Zip:	WEST PALM BEACH FL 33407

Title	R
Name	JACKSON, ARNETRA C
Address	1419 7TH ST
City-State-Zip:	WEST PALM BEACH FL 33401

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: KIM CARLETTE PATRICK**SECRETARY****04/22/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date