

**2024 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 S  
Name KIM, PATRICK R  
Address 3630 ALDER DRIVE, B2  
City-State-Zip: WEST PALM BEACH FL 33407

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

Title T  
Name THOMAS, MARILYN  
Address 1824 ECHO LAKE DRIVE  
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 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 R PATRICK

**SECRETARY**

**04/08/2024**

Electronic Signature of Signing Officer/Director Detail

Date