## 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003164

Entity Name: NEW DESTINY CHRISTIAN CENTER CHURCH, INC.

**FILED** Apr 23, 2019 **Secretary of State** 1129514805CC

## **Current Principal Place of Business:**

505 E.MCCORMICK RD APOPKA, FL 32703

## **Current Mailing Address:**

505 E.MCCORMICK RD APOPKA, FL 32703

FEI Number: 59-3383244 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WHITE-CAIN, PAULA 505 E. MCCORMICK ROAD APOPKA, FL 32703 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: PAULA WHITE-CAIN 04/23/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title Title

WHITE-CAIN, PAULA Name FULLER, HAROLD Name

505 E. MCCORMICK ROAD Address 426 ALEXANDRIA PLACE Address

City-State-Zip: APOPKA FL 32712 APOPKA FL 32703 City-State-Zip:

**DIRECTOR** Title Title SD

Name SHACKLEFORD, DOUG Name ESANNASON, MARGUERITE Address 505 E.MCCORMICK RD Address 1780 CAROLINA WREN DR. APOPKA FL 32703 City-State-Zip:

Title **DIRECTOR** 

City-State-Zip:

FOSTER, HANK Name

505 E.MCCORMICK RD Address City-State-Zip: APOPKA FL 32703

OCOEE FL 34761

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: MARGUERITE ESANNASON

SD

04/23/2019