

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000456

FILED
Jun 07, 2005
Secretary of State

Entity Name: NEW CREATION CHRISTIAN MINISTRIES, INC.

Current Principal Place of Business:

6501 ARLINGTON EXPRESSWAY
SUITE B256
JACKSONVILLE, FL 32211

New Principal Place of Business:

6501 ARLINGTON EXPRESSWAY
SUITE B154
JACKSONVILLE, FL 32211

Current Mailing Address:

P. O. BOX 351741
JACKSONVILLE, FL 32235

New Mailing Address:

P. O. BOX 8556
JACKSONVILLE, FL 32239

FEI Number: 20-0641422 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

THOMPSON, LENA
1231 BROOKWOOD FOREST BLVD.
JACKSONVILLE, FL 32225 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: THOMPSON, LENA
Address: P. O. BOX 351741
City-St-Zip: JACKSONVILLE, FL 32235

Title: V () Delete
Name: GOMEZ, RACHEL
Address: 1231 BROOKWOOD FOREST BLVD
City-St-Zip: JACKSONVILLE, FL 32225

Title: T () Delete
Name: THOMAS, PATRICIA
Address: 1222 SQUIRREL LANE, SOUTH
City-St-Zip: JACKSONVILLE, FL 32218

Title: D () Delete
Name: NEWMAN, JOHN
Address: 4751 WALGREEN ROAD
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: YATES, ELIZABETH
Address: 322 W. WASHINGTON ST., APT. A
City-St-Zip: QUINCY, FL 32351

Title: D () Delete
Name: CLARK, ROBERT
Address: P. O. BOX 12365
City-St-Zip: JACKSONVILLE, FL 32209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: THOMPSON, LENA
Address: P. O. BOX 8556
City-St-Zip: JACKSONVILLE, FL 32239

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: WRIGHT, SHARON
Address: 6440 LENZYK DR
City-St-Zip: JACKSONVILLE, FL 32277

Title: D (X) Change () Addition
Name: NEWMAN, JOHN
Address: 4751 WALGREEN ROAD
City-St-Zip: JACKSONVILLE, FL 32209

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LENA THOMPSON

P

06/07/2005

Electronic Signature of Signing Officer or Director

Date