2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2006
Secretary of State

DOCUMENT# N04000000456

Entity Name: NEW CREATION CHRISTIAN MINISTRIES, INC.

Current Principal Place of Business:

6501 ARLINGTON EXPRESSWAY
SUITE B154
JACKSONVILLE, FL 32211

New Principal Place of Business:

301 SPRUCE STREET
JACKSONVILLE, FL 32204

Current Mailing Address:

P. O. BOX 8556
JACKSONVILLE, FL 32239

New Mailing Address:

FEI Number: 20-0641422 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

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

Name and Address of New Registered Agent:

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 8556	
City-St-Zip:	JACKSONVILLE, FL 32239	
Title:	V	( ) Delete
Name:	GOMEZ, RACHEL	
Address:	1231 BROOKWOOD FOREST BLVD	
City-St-Zip:	JACKSONVILLE, FL 32225	
Title:	T	( ) Delete
Name:	WRIGHT, SHARON	
Address:	6440 LENZYK DR	
City-St-Zip:	JACKSONVILLE, FL 32277	
Title:	D	( ) Delete
Name:	NEWMAN, JOHN	
Address:	4751 WALGREEN ROAD	
City-St-Zip:	JACKSONVILLE, FL 32209	
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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 Chapter 119, 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 09/05/2006

Electronic Signature of Signing Officer or Director — Date