

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000456

FILED
Aug 31, 2008
Secretary of State

Entity Name: NEW CREATION CHRISTIAN MINISTRIES, INC.

Current Principal Place of Business:

301 SPRUCE STREET
JACKSONVILLE, FL 32204

New Principal Place of Business:

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 ()**
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 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: TOBLER, JESSICA
Address: 12450 BISCAYNE BLVD., # 401
City-St-Zip: JACKSONVILLE, FL 32218

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

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

Title: D (X) Delete
Name: SILLS, JENNIFER
Address: 1657 BARTLETT AVENUE
City-St-Zip: ORANGE PARK, FL 32073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: TOBLER, JESSICA
Address: 2076 TALLADEGA ROAD
City-St-Zip: JACKSONVILLE, FL 32209

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 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

08/31/2008

Electronic Signature of Signing Officer or Director

Date