NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 765611

1. Corporation Name

NEW CREATION MINISTRIES, INC.

FILED Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90071 016 ****61.25

'12'' 0'	icition miniornico, into-								
Principal Place	e of Business	Mailing Address							
15133 S W YALAHA ST. 15133 S W YAL			AHA ST.			I HADDIN HADDE AND A DURA AND A	I ri k dan adam bi	AN ANALLAKAN AN	AN RIRIN IAAN
P.O. BOX 667 P.O. BOX 667									
INDIANTOWN	FL 34956	Indiantown FL 34956				3	\$881 \$101 BIBN 413	ili Bibit Bibit Bil	11¢ 8¢851 1801
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2. Principal P	lace of Business	2a. Mailing Address				3. Date Incorporated or Qualife	đ		
21	1000 01 200111000	26				10/29/1982			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				4. FEI Number		Apı	plied For
22		27				59-2465713			t Applicable
City & Stat	e	City & State				5. Certifcate of Status Desired		\$8.75 A	
23		28						Fee Re	
Zip	Country	Zip	Country	1		6. Election Campaign Financing	³ 🗆	\$5.00	, ,
24	25	29 30	<u> </u>			Trust Fund Contribution 10. Name and Address of New	Panietored	Added to	o Fees
}	9. Name and Address of Curren	Registered Agent	81	Name	 	TO. Maine and Address of New	Kafisteran	Agent	
			L						
NORMAN, JOYCE			82	Stree	t Addres	ss (P.O. Box Number is Not Accep	otable)		
YALAHA STREET			83						
INDIANIC)WN FL 34956								
ļ			84	City			FL	85 Zip C	>ode
11. Pursuant	to the provisions of Sections 617.0502	2 and 617.1508. Florida Statutes	the abov	e-name	d corpor	ation submits this statement for th	e numose of	changing its	registered
I office or r	egistered agent, or both, in the State of familiar with, and accept the obligat	of Florida. Such change was auth	orized by	the cor	poration	's board of directors. I hereby acc	ept the appoi	ntment as reg	gistered
l -	in familiar with, and accept the congat	ions or, Section 517.0303, Florid	a Cibidie	••					ļ
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: Re	egistered Age	nt signatur	required v	vhen reinstating)	DATE		
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO C	FFICERS AN		
TITLE	PD	☐ DELETE	1.1 TITLE					Change	☐ Addition
NAME	NORMAN, JOYCE		1.2 NAME						
STREET ADDRESS	15133 SW YALAHA ST.		1.3 STREE	TADDRES	S				
CITY-ST-ZIP	INDIANTOWN FL		1.4 CITY-	ST-ZIP	-				C Addition
TITLE	SD	☐ DELETE	2.1 TITLE					Change	Addition
NAME	CLAYTON, KIM		2.2 NAME						-
STREET ADDRESS)		1	TADDRES	S				
CITY-ST-ZIP	INDIANTOWN FL	DELETÉ	2.4 CITY-	ST-ZIP	 			Change	Addition
TITLE	TD CANDACE	☐ nere ie	3.1 TITLE 3.2 NAME		1	TD UTO CO	.1000	ال ۱۳۰۰ ال	
NAME	Stalnaker, Candace 2535 Canterbury Drive, No	DTU.		TADDRES		alnaker CA	NUFCE	ستدي	
STREET ADDRESS	WEST PALM BEACH FL	חוח	3.4. CITY-		36	Keechobee F	1 340	774-1	7038
CITY-ST-ZIP	WEST FALM DEAUTIFL	DELETE	3.4. CITY	J1-211	10	ACCUMEC P	1 0 1	Change	Addition
NAME			4. 2 NAME						
STREET ADDRESS				T ADDRES	s				
CITY-ST-ZIP			4.4 CITY-		-				+
TITLE		☐ DELETE	5.1 TITLE					Change	Addition
NAME			5.2 NAME						-
STREET ADDRESS			5.3 STREE	T ADDRES	s				
CITY-ST-ZIP			5.4 CITY-	ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE					Change	☐ Addition
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE	T ADDRES	s				
CITY OT 710]		6.4 CITY-	ST-ZIP					į

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE