

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765611

Entity Name

NEW CREATION MINISTRIES, INC.

FILED  
Feb 22, 2000 8:00 am  
Secretary of State

02-22-2000 90008 018 \*\*\*\*61.25

Principal Place of Business	Mailing Address
S W YALAH ST. BOX 667 FL 34956	15133 S W YALAH ST. P.O. BOX 667 INDIANTOWN FL 34956-0667

Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-2465713	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
JOYCE YALAH STREET FL 34956

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
PD NORMAN, JOYCE 15133 SW YALAH ST. INDIANTOWN FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP
SD CLAYTON, KIM 15144 S.W. YALAH ST. INDIANTOWN FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TD STALNAKER, CANDACE 3621 SE 19 TERRACE OKEECHOBEE FL 34974-7038	TITLE NAME STREET ADDRESS CITY-ST-ZIP
	TITLE NAME STREET ADDRESS CITY-ST-ZIP
	TITLE NAME STREET ADDRESS CITY-ST-ZIP
	TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Joyce Norman</i>	REQUIRE/REQUIRE	Jan, 15, 2000	(561) 597-5883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #	