

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90255 002 ****61.25

DOCUMENT # 765611

1. Entity Name

NEW CREATION MINISTRIES, INC.

Principal Place of Business

15133 S W YALAH ST.
P.O. BOX 667
INDIANTOWN FL 34956

Mailing Address

15133 S W YALAH ST.
P.O. BOX 667
INDIANTOWN FL 34956

2. Principal Place of Business

15144 S.W. Yalaha St.
Suite, Apt. #, etc.
Indiantown 71
City & State

3. Mailing Address

15144 S.W. Yalaha St.
Suite, Apt. #, etc.
P.O. Box 667
City & State
Indiantown Fl

Zip

34956

Country

Martin

Zip

34956

Country

Martin

4. FEI Number

59-2465713

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NORMAN, JOYCE
YALAH STREET
INDIANTOWN FL 34956

7. Name and Address of New Registered Agent

Name **ROGER CLAYTON**
Street Address (P.O. Box Number is Not Acceptable)
15144 S.W. Yalaha St
City **Indiantown** FL Zip Code **34956**

8. 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 **Roger Clayton**
Signature, typed or printed name of registered agent and title if applicable.

Pastor/President
(NOTE: Registered Agent signature required when reinstating)

1/25/2001
DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	NORMAN, JOYCE	
STREET ADDRESS	15133 SW YALAH ST.	
CITY-ST-ZIP	INDIANTOWN FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CLAYTON, KIM	
STREET ADDRESS	15144 S.W. YALAH ST.	
CITY-ST-ZIP	INDIANTOWN FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LUKAS, SARAH	
STREET ADDRESS	2886 SW 96TH STREET	
CITY-ST-ZIP	STUART FL 34997	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROGER CLAYTON	
STREET ADDRESS	15144 S.W. Yalaha St.	
CITY-ST-ZIP	Indiantown fl 34956	
TITLE	VP/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joyce Norman	
STREET ADDRESS	15133 S.W. Yalaha St.	
CITY-ST-ZIP	Indiantown 71 34956	
TITLE	TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kimberly Clayton	
STREET ADDRESS	15144 S.W. Yalaha St.	
CITY-ST-ZIP	Indiantown 71 34956	
TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	orest skubish	
STREET ADDRESS	15066 S.W. tiger tail ct	
CITY-ST-ZIP	Indiantown 71 34956	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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: **Kimberly Clayton**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/01 **561-597-2409**
Date Daytime Phone #

CR2E037 (10/00)