

2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended


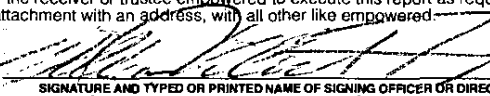
FILED

04 JUL 29 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07262004 Chg-NP CR2E037 (10/03)

| | | | | | |
|---|---|---|---|--|--|
| DOCUMENT # F96000003334 | | | |  | |
| 1. Entity Name NEW CREATION EVANGELISM, INC. | | | | | |
| Principal Place of Business 3025 CLEVELAND ST CLEARWATER, FL 33759 US | | | Mailing Address 10 MEADOW LARK LANE CLEARWATER, FL 33759 US | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 63-0985796 | |
| | | | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| HUDGINS, THOMAS E 10 MEADOW LARK LANE CLEARWATER, FL 33759 | | | | Name | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | City | |
| | | | | FL Zip Code | |
| 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Amended AR is \$61.25 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HUDGINS, THOMAS E 10 MEADOW LARK LANE CLEARWATER, FL 33759 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | C FLOYD MILLER 414 MARIVA AVE CLEARWATER FL 33755 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BAKER, CORINNE 1825 JESSICA RD CLEARWATER, FL 33765 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MARIANNE JOYNER 2506 SPLITWOOD WAY CLEARWATER FL 33761 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT RAY, JIM 1735 ASHTON ABBEY RD CLEARWATER, FL 33755 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 500040049615 08/10/04--01080--006 **\$61.25 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD TRAKUL-VILBERT, SUSAN 2233 MINNEOLA RD CLEARWATER, FL 33764 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HOLLOWAY, MARK 219 HIGHLAND WOODS DR SAFETY HARBOR, FL 34695 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WILLIAM, VILBERT 2233 MINNEOLA RD CLEARWATER, FL 33764 | <input type="checkbox"/> Delete | TITLE 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |
| 7/27/04 727-803-5823 Date Daytime Phone # | | | | | |