

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90030 050 ****61.25

DOCUMENT # F96000003334

1. Entity Name
NEW CREATION EVANGELISM, INC.



40000000

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 - No P.O. Box #
10 MEADOW LARK LANE
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

03082007 Chg-NP CR2E037 (12/06)

City & State
CLEARWATER FL
Zip
33759 Country
US

City & State
Zip Country

4. FEI Number
63-0985796 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
HUDGINS, THOMAS E
10 MEADOW LARK LANE
CLEARWATER, FL 33759

7. Name and Address of New Registered Agent
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

Filing Fee Is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	HUDGINS, THOMAS E	
STREET ADDRESS	10 MEADOW LARK LANE	
CITY-ST-ZIP	CLEARWATER, FL 33759	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOYNER, MARIANNE	
STREET ADDRESS	2506 SPLITWOOD WAY	
CITY-ST-ZIP	CLEARWATER, FL 33761	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MILLER, FLOYD	
STREET ADDRESS	414 MARIVA AVE	
CITY-ST-ZIP	CLEARWATER, FL 33755	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SLINGO, JAMES	
STREET ADDRESS	700 ISLAND WAY 602	
CITY-ST-ZIP	CLEARWATER BEACH, FL 33767	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAYLOR, AARON	
STREET ADDRESS	7508 CHETTMAN CT	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUDGINS, THOMAS E	
STREET ADDRESS	10 MEADOW LARK LANE	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BIEBER, RUSS	
STREET ADDRESS	4625 E. BAY DR., SUITE #305	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRANE, MICHELLE	
STREET ADDRESS	1240 HOLIDAY DRIVE	
CITY-ST-ZIP	TARPON SPRINGS FL 34684	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICE, KATHERINE	
STREET ADDRESS	2216 BARBARA DRIVE	
CITY-ST-ZIP	CLEARWATER FL 34624-6505	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDERSON, DEAN	
STREET ADDRESS	700 ISLAND WAY, #702	
CITY-ST-ZIP	CLEARWATER BEACH, FL 33767	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, WILLIAM	
STREET ADDRESS	3375 HUNTERS HILL	
CITY-ST-ZIP	POLAND, OH 44514	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Thomas E. Hudgin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/08/2007
Date

727 797-8180
Daytime Phone #

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ATTACHMENT

Page 2

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2. Principal Place of Business - No P.O. Box #		3. Mailing Address		03082007 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 63-0985796	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	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		
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SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HUDGINS, THOMAS E 10 MEADOW LARK LANE CLEARWATER, FL 33759	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, EUGENE 2365 EASTWOOD DRIVE CLEARWATER FL 33765	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOYNER, MARIANNE 2506 SPLITWOOD WAY CLEARWATER, FL 33761	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARMON, TOLVERT 89 MOHAWK TRAIL PELL CITY, AL 35128	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, FLOYD 414 MARIVA AVE CLEARWATER, FL 33755	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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SIGNATURE: <u>Thomas E. Hudgins</u>			03/08/2007 727 797-8180		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		