## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # F96000003334  1. Entity Name NEW CREATION EVANGELISM, INC.					03-14-2007 90030 050 ****61.25					
Principal Place of Business					40000					
2. Principal P	face of Business - No P.O. Box #	3. Mailing Address								
10 MCADOW LARK LANE SAME				1 300(430 tile 1642 05)) Bailt Bailt Bailt Bailt Bailt Bailt Bailt 1130 1110 (1111 4(640) 0) (CO)						
Suite, Apt. #, etc. Suite, Apt. #, etc.				03082007	Chg-NP	CR2E037 (12	/06)			
City & State  CLEARWATER FL		City & State		4. FEI Numb 63-098			Applied For Not Applicable			
Zip 3375	Country U.S	Zip	Country	5. Certificat	e of Status Desired		5 Additional equired			
	6. Name and Address of Current R	egistered Agent		7. Name an	d Address of New	Registered Agent				
HUDGINS.	, THOMAS E		Name							
HUDGINS, THOMAS E 10 MEADOW LARK LANE CLEARWATER, FL 33759				Street Address (P.O. Box Number is Not Acceptable)						
			City			FL Zi	p Code			
8. The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered office of	r registered agent, or b	oth, in the State of F	lorida. I am familia	r with, and accept			
SIGNATURE										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE:	Registered Agent signs	ture required when reinstating)		DATE				
	Signature, typed or printed name of registered agent an Filling Fee Is \$61.25  Due by May 1, 2007	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Added to Fee	DC	DATE  Make check paya  orlda Department				
10.	Filing Fee Is \$61.25	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Added to Fee	DC	Make check paya orlda Department	of State			
TITLE	Filing Fee Is \$61.25 Due by May 1, 2007 OFFICERS AND DIRE	9. Election Camp Trust Fund Co	paign Financing ontribution.	S5.00 May Added to Fee	HANGES TO OFFIC	Make check paya orlda Department ERS AND DIRECTO	of State PRS IN 10			
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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:

03/08/2007

72 7 797-8180 Daytime Phone #

## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **ATTACHMENT**

DOCUMENT # F9600003334  1. Entity Name NEW CREATION EVANGELISM, INC.					Pa	<b>~</b> (	3 6		
Principal Place of Business						`			
	•				HOC	135	K2	K	
2. Principal P	ace of Business - No P.O. Box #	3. Mailing Address					J ( )	J	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			g-NP	CR2E	037 (12/06)	
City & State	<del></del>	City & State			4. FEI Number 63-0985796	 6		<del></del>	pplied For
Žip	Zip Country 2		Country		5. Certificate of Sta	itus Desired	1 🗆	\$8.75 Add	ditional
	6. Name and Address of Current R	egistered Agent			7. Name and Addr	ess of New	Registered	Fee Require	<u> </u>
HUDGINS	THOMAS E		Name	•					
10 MEADO	W LARK LANE TER, FL 33759		Stree	t Address (	P.O. Box Number is N	lot Accepta	ble)		
								·	
			City				FI	L Zip Code	0
SIGNATURE	ions of registered agent.  Signature, typed or printed name of registered agent ar	d title if applicable. (NO	TE: Registered Agent sig	gnature required	when reinstating)		DATE		
Filing Fee is \$61.25  Due by May 1, 2007  9. Election Campa  Trust Fund Cont				State  \$5.00 May Be Added to Fees  Make check payable to Florida Department of State					
10.	OFFICERS AND DIRE	CTORS	11.		ADDITIONS/CHANGE	S TO OFFI	CERS AND D	IRECTORS IN	10
NAME STREET ASORESS CITY-ST-ZIP	C HUDGINS, THOAMS E 10 MEADOW LARK LANE CLEARWATER, FL 33759	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	S 23	ORB, EUGE GS EASTV BARWATER	てののか			Addition
TITLE	Q	☐ Delete	TITLE	D				☐ Change	Addition
NAME STREET ADDRESS	JOYNER, MARIANNE 2506 SPLITWOOD WAY		name Street adores	HAI	RMON, TO MOHAW	LVE	<b>२</b> र		
CITY-ST-ZIP	CLEARWATER, FL 33761		CITY-ST-ZIP	84	MOHAW LL GITY,	AL	3512	. 8	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, FLOYO 414 MARIVA AVE CLEARWATER, FL 33/55	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SLINGO, JAMES 700 ISLAND WAY 602 CLEARWATER BEACH, FL 3376	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	ss				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, AARON 2508 CHETTMAN CT NEW PORT RICHEY, FL 34655	Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	ss				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ DèNete	TITLE NAME STREET ADDRES CITY-ST-ZIP	ss				☐ Change	□ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/08/2009 727 797-8180