

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 03, 2004 08:00 AM
Secretary of State**

DOCUMENT # N01000005423

1. Entity Name
NEWCREATURES MINISTRIES, INC.



Principal Place of Business
**5175 NW 57TH DRIVE
CORAL SPRINGS, FL 33067**

Mailing Address
**5175 NW 57TH DRIVE
CORAL SPRINGS, FL 33067**



04292004 No Chg-NP CR2E037 (10/03)

4. FEI Number
01-0579252

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CHRISTIE, GLEN
1430 NW 47TH AVE
COCONUT CREEK, FL 33063**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	CHRISTIE, GLEN
STREET ADDRESS	1430 NW 47TH AVE
CITY-ST-ZIP	COCONUT CREEK, FL 33063
TITLE	VSD
NAME	CHRISTIE, NADIA
STREET ADDRESS	1430 NW 47TH AVE
CITY-ST-ZIP	COCONUT CREEK, FL 33063
TITLE	D
NAME	COLLYMORE, SHERYL
STREET ADDRESS	1430 NW 47TH AVE
CITY-ST-ZIP	COCONUT CREEK, FL 33063
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/03/04-80154-012 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Glen Christie Glen CHRISTIE 04-29-04 954 818-1222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #