


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01000005423</b> 1. Entity Name <b>NEWCREATURES MINISTRIES, INC.</b>	
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Principal Place of Business  
**5175 NW 57TH DRIVE  
CORAL SPRINGS, FL 33067**

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



04252005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>01-0579252</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**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 \_\_\_\_\_

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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000336369  
04/27/05-80148-014 61.25

**10. OFFICERS AND DIRECTORS**

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

GLENFID CHRISTIE 4.25.05 954.818122  
Date Daytime Phone #