

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90665 018 *****70.00

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1. Entity Name

**THE NEW CREATION AND FAMILY RESOURCE CENTER,
INC.**



Principal Place of Business

**1210 WESTON CT.
WAUCHULA FL 33873**

Mailing Address

**1210 WESTON CT.
WAUCHULA FL 33873**

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

59-3753082

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WRIGHT, JUANITA
1210 WESTON CT.
WAUCHULA FL 33873**

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPM
WRIGHT, JUANITA
1210 WESTON CT.
WAUCHULA FL 33873 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
BANNER, TERRIA M
1728 GRAND CLUN BLVD
FORT PIERCE FL 34982 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
WRIGHT, DAN
1210 WESTON CT.
WAUCHULA FL 33873 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
BERRY, EMILY
645 CHAMBERLAIN BLVD.
WAUCHULA FL 33873 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GILLESPIE, JOHN
113 NTH. 7TH AVE.
WAUCHULA FL 33873 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WHITE, BERNICE A
512 FAIRFAX DR
WAUCHULA FL 33873 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Juanita Wright

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/07/04 863-773-0166

Date

Daytime Phone #