

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000005763 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		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WRIGHT, JUANITA 1210 WESTON CT. WAUCHULA FL 33873				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DPM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WRIGHT, JUANITA		NAME		
STREET ADDRESS	1210 WESTON CT.		STREET ADDRESS		
CITY - ST - ZIP	WAUCHULA FL 33873		CITY - ST - ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BANNER, TERRIA M		NAME		
STREET ADDRESS	1728 GRAND CLUN BLVD		STREET ADDRESS		
CITY - ST - ZIP	FORT PIERCE FL 34982		CITY - ST - ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WRIGHT, DAN		NAME		
STREET ADDRESS	1210 WESTON CT.		STREET ADDRESS		
CITY - ST - ZIP	WAUCHULA FL 33873		CITY - ST - ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BERRY, EMILY		NAME		
STREET ADDRESS	645 CHAMBERLAIN BLVD.		STREET ADDRESS		
CITY - ST - ZIP	WAUCHULA FL 33873		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GILLESPIE, JOHN		NAME		
STREET ADDRESS	113 NTH. 7TH AVE.		STREET ADDRESS		
CITY - ST - ZIP	WAUCHULA FL 33873		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHITE, BERNICE A		NAME		
STREET ADDRESS	512 FAIRFAX DR		STREET ADDRESS		
CITY - ST - ZIP	WAUCHULA FL 33873		CITY - ST - ZIP		



1st MOORE CR2E037 (10/04)

4. FEI Number **59-3753082** Applied For ☐ Not Applicable ☒

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

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: *Juanita Wright / DPM* **Juanita Wright / DPM** 02/20/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #