

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Apr 04, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01000005763**

1. Entity Name

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



Principal Place of Business

Mailing Address

1210 WESTON CT.  
WAUCHULA FL 33873

1210 WESTON CT.  
WAUCHULA FL 33873

2. Principal Place of Business - No P.O. Box #

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

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

**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 reissuing)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-STATE-ZIP: ☐ Change ☐ Addition

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NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
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NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-STATE-ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Juanita Wright* **Juanita Wright-DPM - 04/01/2007 863-773-0166**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Designation