

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005763

FILED
May 01, 2009
Secretary of State

Entity Name: THE NEW CREATION AND FAMILY RESOURCE CENTER, INC.

Current Principal Place of Business:

1210 WESTON CT.
WAUCHULA, FL 33873

New Principal Place of Business:

Current Mailing Address:

1210 WESTON CT.
WAUCHULA, FL 33873

New Mailing Address:

FEI Number: 59-3753082 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPM () Delete
Name: WRIGHT, JUANITA
Address: 1210 WESTON CT.
City-St-Zip: WAUCHULA, FL 33873

Title: DV () Delete
Name: BANNER, TERRIA M
Address: 1728 GRAND CLUN BLVD
City-St-Zip: FORT PIERCE, FL 34982

Title: DT () Delete
Name: WRIGHT, DAN
Address: 1210 WESTON CT.
City-St-Zip: WAUCHULA, FL 33873

Title: DS () Delete
Name: BERRY, EMILY
Address: 645 CHAMBERLAIN BLVD.
City-St-Zip: WAUCHULA, FL 33873

Title: D () Delete
Name: GILLESPIE, JOHN
Address: 113 NTH. 7TH AVE.
City-St-Zip: WAUCHULA, FL 33873

Title: D () Delete
Name: WHITE, BERNICE A
Address: 512 FAIRFAX DR
City-St-Zip: WAUCHULA, FL 33873

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUANITA WRIGHT

PRES

05/01/2009

Electronic Signature of Signing Officer or Director

Date