

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90149 031 ****70.00

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

4. FEI Number 59-3753082

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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 reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	WRIGHT, JUANITA	
STREET ADDRESS	1210 WESTON CT.	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BANNER, TERRIA M	
STREET ADDRESS	1728 GRAND CLUN BLVD	
CITY-ST-ZIP	FORT PIERCE FL 34982	
TITLE	DT	<input type="checkbox"/> Delete
NAME	WRIGHT, DAN	
STREET ADDRESS	1210 WESTON CT.	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BERRY, EMILY	
STREET ADDRESS	645 CHAMBERLAIN BLVD.	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE	D	<input type="checkbox"/> Delete
NAME	GILLESPIE, JOHN	
STREET ADDRESS	205 N. 10TH AVE.	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITE, BERNICE A	
STREET ADDRESS	512 FAIRFAX DR	
CITY-ST-ZIP	WAUCHULA FL 33873	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	First Last Lonnie Will Jordan	
STREET ADDRESS	414 magnolia Blvd.	
CITY-ST-ZIP	Wauchula, FL. 33873	
TITLE	DF	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	First Last William Newgent	
STREET ADDRESS	1770 Kazen Rd.	
CITY-ST-ZIP	Wauchula, FL. 33873	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gillespie, John	
STREET ADDRESS	113 Ann Ave.	
CITY-ST-ZIP	Wauchula, FL. 33873	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ed Chancey	
STREET ADDRESS	225 S. Florida Ave.	
CITY-ST-ZIP	Wauchula, FL. 33873	
TITLE	DP/M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wright Juanita	
STREET ADDRESS	1210 weston ct.	
CITY-ST-ZIP	Wauchula, FL. 33873	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 / DP

04/02/03 863-773-0166

CR2E037 (10/02)