

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90349 015 ****70.00

DOCUMENT # N02000003831

1. Entity Name
NEW CREATIONS MINISTRY CENTER INCORPORATED



Principal Place of Business
**6215 VICKSBURG DRIVE
PENSACOLA, FL 32503**

Mailing Address
**6215 VICKSBURG DRIVE
PENSACOLA, FL 32504**

2. Principal Place of Business
**4081 E. Olive Road
Suite J**

3. Mailing Address
**4081 E. Olive Road
Suite J**

City & State
Pensacola, FL

City & State
Pensacola, FL

04122006 Chg-NP CR2E037 (11/05)

4. FEI Number
43-1953600

Applied For
Not Applicable

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

Zip Country Zip Country
32514 United States 32514 United States

6. Name and Address of Current Registered Agent

**PELLET, DAVID PASTOR
6215 VICKSBURG DRIVE
PENSACOLA, FL 32503**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

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	D	<input type="checkbox"/> Delete
NAME	PELLET, DAVID PASTOR	
STREET ADDRESS	6215 VICKSBURG DRIVE	
CITY-ST-ZIP	PENSACOLA, FL 32503	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PELLET, GWENDOLYN	
STREET ADDRESS	6215 VICKSBURG DRIVE	
CITY-ST-ZIP	PENSACOLA, FL 32503	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, TARA	
STREET ADDRESS	6218 HILLTOP DRIVE	
CITY-ST-ZIP	PENSACOLA, FL 32504	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brown, Tara	
STREET ADDRESS	3760 Summer Drive	
CITY-ST-ZIP	Pensacola, FL 32504	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Benjamin, Kevin	
STREET ADDRESS	5 Coweta Road	
CITY-ST-ZIP	Cantonment, FL 32533	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stallworth, Greg	
STREET ADDRESS	711 Underwood Avenue Apt. 505B	
CITY-ST-ZIP	Pensacola, FL 32503	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gilliard, Fred	
STREET ADDRESS	3109 Las Brisas Drive	
CITY-ST-ZIP	Pensacola, FL 32526	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 19, 06

Date

Daytime Phone #