

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90132 028 ****61.25

DOCUMENT # N02000003831

1. Entity Name
NEW CREATIONS MINISTRY CENTER INCORPORATED



Principal Place of Business
**4081 E OLIVE RD STE J
PENSACOLA, FL 32514**

Mailing Address
**4081 E OLIVE RD STE J
PENSACOLA, FL 32514**

40045494



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02122007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
43-1953600

Applied For
Not Applicable

Zip

Country

Zip

Country

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

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

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, 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 **D** ☐ Delete
NAME **PELLET, DAVID PASTOR**
STREET ADDRESS **6215 VICKSBURG DRIVE**
CITY-ST-ZIP **PENSACOLA, FL 32503**

TITLE **D** ☐ Delete
NAME **BROWN, TARA**
STREET ADDRESS **3760 SUMMER DR**
CITY-ST-ZIP **PENSACOLA, FL 32504**

TITLE **D** ☐ Delete
NAME **BENJAMIN, KEVIN**
STREET ADDRESS **5 COWETA RD**
CITY-ST-ZIP **CANTONMENT, FL 32533**

TITLE **D** ☒ Delete
NAME **STALLWORTH, GREG**
STREET ADDRESS **711 UNDERWOOD AVE APT 505B**
CITY-ST-ZIP **PENSACOLA, FL 32503**

TITLE **D** ☐ Delete
NAME **GILLIARD, FRED**
STREET ADDRESS **3109 LAS BRISAS DR**
CITY-ST-ZIP **PENSACOLA, FL 32526**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition
NAME **BROWN, TARA**
STREET ADDRESS **6290 LANIER DR**
CITY-ST-ZIP **Pensacola, FL 32504**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

March 11, 07