2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# N02000003831

Entity Name: NEW CREATIONS MINISTRY CENTER INCORPORATED

Current Principal Place of Business:

4918 MOBILE HWY
PENSACOLA, FL 32508

New Principal Place of Business:

4918 MOBILE HWY
PENSACOLA, FL 32506

Current Mailing Address:

4918 MOBILE HWY
PENSACOLA, FL 32508

New Mailing Address:

4918 MOBILE HWY
PENSACOLA, FL 32506

FEI Number: 43-1953600 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: D ( ) Delete
Name: PELLET, DAVID PASTOR
Address: 6215 VICKSBURG DRIVE
City-St-Zip: PENSACOLA, FL 32503

Title: O ( ) Delete
Name: BROWN, TARA N
Address: P. O. BOX 10214
City-St-Zip: PENSACOLA, FL 32524

Title: O ( ) Delete
Name: GILLIARD, FRED
Address: 3109 LAS BRISAS DR
City-St-Zip: PENSACOLA, FL 32526

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: O (X) Change ( ) Addition
Name: BROWN, TARA N S
Address: P. O. BOX 10214
City-St-Zip: PENSACOLA, FL 32524

Title: O (X) Change ( ) Addition
Name: GILLIARD, FRED T
Address: 3109 LAS BRISAS DR
City-St-Zip: PENSACOLA, FL 32526

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: TARA N. BROWN S 04/22/2009

Electronic Signature of Signing Officer or Director — Date