

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90037 003 ****70.00

DOCUMENT # N02000008252

1. Entity Name

**NEW CREATION MINISTRIES OF CENTRAL FLORIDA,
INC.**



Principal Place of Business

1140 S. ORLANDO AVENUE A1
MAITLAND FL 32751-6439

Mailing Address

1140 S. ORLANDO AVENUE A1
MAITLAND FL 32751-6439

2. Principal Place of Business

1140 S. ORL AVE

Suite, Apt. #, etc.

A-1

City & State

MAITLAND

Zip

Country

3. Mailing Address

1140 S. ORL. AVE

Suite, Apt. #, etc.

A-1

City & State

Zip

Country

4. FEI Number

30-0126172

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FLEMING, KENNETH H REV.
1140 S. ORLANDO AVENUE A1
MAITLAND FL 32751-6439**

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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 ☐ Delete
NAME **FLEMING, KENNETH H REV.**
STREET ADDRESS **1140 S. ORLANDO AVENUE A1**
CITY-ST-ZIP **MAITLAND FL 32751-6439**

TITLE ☐ Delete
NAME **FLEMING, EVELYN P**
STREET ADDRESS **1140 S. ORLANDO AVENUE A1**
CITY-ST-ZIP **MAITLAND FL 32751-6439**

TITLE ☐ Delete
NAME **CAMPBELL, SAMUEL**
STREET ADDRESS **4016 QUEEN ANNE DRIVE**
CITY-ST-ZIP **ORLANDO FL 32839-3220**

TITLE ☐ Delete
NAME **HANSEN, ROBERT**
STREET ADDRESS **804 THISTLE LANE**
CITY-ST-ZIP **MAITLAND FL 32751**

TITLE ☐ Delete
NAME **MILLER, SANDRA**
STREET ADDRESS **917 DUPONT STREET**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE ☐ Delete
NAME **TEOLIS, LORAL**
STREET ADDRESS **2642 ULTRA VISTA**
CITY-ST-ZIP **MAITLAND FL 32751**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Kenneth H. Fleming 2-9-04 407-644-6192