

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90047 046 ****70.00

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1. Entity Name

NEW CREATION MINISTRIES OF CENTRAL FLORIDA,
INC.



Principal Place of Business

1317 LONGVILLE CIR
TAVARES FL 32778

Mailing Address

PO BOX 1862
TAVARES FL 32778

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

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

FLEMING, KENNETH H. REV.

Street Address (P.O. Box Number is Not Acceptable)

1317 LONGVILLE CIR.

City

TAVARES

FL

Zip Code

32778

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

Kenneth H. Fleming, Rev. KENNETH H. FLEMING, REV.

2-1-05

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, 2005**

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	FLEMING, KENNETH H REV.	
STREET ADDRESS	1140 S. ORLANDO AVENUE A1	
CITY-ST-ZIP	MAITLAND FL 32751-6439	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLEMING, EVELYN P	
STREET ADDRESS	1140 S. ORLANDO AVENUE A1	
CITY-ST-ZIP	MAITLAND FL 32751-6439	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAMPBELL, SAMUEL	
STREET ADDRESS	4016 QUEEN ANNE DRIVE	
CITY-ST-ZIP	ORLANDO FL 32839-3220	
TITLE	D	<input type="checkbox"/> Delete
NAME	HANSEN, ROBERT	
STREET ADDRESS	804 THISTLE LANE	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, SANDRA	
STREET ADDRESS	917 DUPONT STREET	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	D	<input type="checkbox"/> 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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1317 LONGVILLE CIR	
CITY-ST-ZIP	TAVARES, FL 32778	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1317 LONGVILLE CIR.	
CITY-ST-ZIP	TAVARES, FL. 32778	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1612 LAKE ST.	
CITY-ST-ZIP	KINGS PORT, TN. 37660	
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		

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: *REV. KENNETH H. FLEMING* *2/1/05* *352-343-0727*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #