

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 30, 2007  
Secretary of State**

DOCUMENT# N03000006746

Entity Name: NEW CREATION WOMEN'S MINISTRIES, INC.

**Current Principal Place of Business:**

1502 S CANDYCE ST  
LAKELAND, FL 33815

**New Principal Place of Business:**

**Current Mailing Address:**

1502 S CANDYCE ST  
LAKELAND, FL 33815

**New Mailing Address:**

FEI Number: 20-0219411      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

GIBBS, SHARON  
1502 S CANDYCE ST  
LAKELAND, FL 33815      US

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: DP      ( ) Delete  
Name: GIBBS, SHARON  
Address: 1502 S CANDYCE ST  
City-St-Zip: LAKELAND, FL 33815

Title: DT      ( ) Delete  
Name: GIBBS, WILLIE M  
Address: 1502 S CANDYCE ST  
City-St-Zip: LAKELAND, FL 33815

Title: DV      (X) Delete  
Name: HONORS, MARILYN  
Address: 810 W MADISON ST  
City-St-Zip: PLANT CITY, FL 33563

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: SHARON GIBBS

DP

07/30/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date