

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000011059

Entity Name: NEW CREATION CELEBRATION, INC.

FILED  
Apr 27, 2004  
Secretary of State

**Current Principal Place of Business:**

1002 FRENCH AVENUE  
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

1002 FRENCH AVENUE  
SANFORD, FL 32771

**New Mailing Address:**

FEI Number: 05-0593584

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MUSCARELLA, DEBRA  
1002 FRENCH AVENUE  
SANFORD, FL 32771

**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: MUSCARELLA, DEBRA  
Address: 13 ESCONDIDO COURT #128  
City-St-Zip: ALTAMONE SPRINGS, FL 32701

Title: D ( ) Delete  
Name: SHAW, COURTNEY  
Address: 6706 POMEROY CIRCLE  
City-St-Zip: ORLANDO, FL 32810

Title: SD ( ) Delete  
Name: BROGAN, MICHELLE  
Address: 12472 LAKE UNDERHILL ROAD #328  
City-St-Zip: ORLANDO, FL 32828

Title: D ( ) Delete  
Name: BROGAN, ALEC  
Address: 12472 LAKE UNDERHILL ROAD #328  
City-St-Zip: ORLANDO, FL 32828

Title: TD ( ) Delete  
Name: SHAW, JEFFREY  
Address: 6706 POMEROY CIRCLE  
City-St-Zip: ORLANDO, FL 32810

**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:

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 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 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: DEBRA MUSCARELLA

D

04/27/2004

Electronic Signature of Signing Officer or Director

Date