

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000011059

FILED  
Apr 11, 2009  
Secretary of State

Entity Name: NEW CREATION CELEBRATION, INC.

## Current Principal Place of Business:

2516 OTIS AVENUE  
DELTONA, FL 32738

## New Principal Place of Business:

## Current Mailing Address:

2516 OTIS AVENUE  
DELTONA, FL 32738

## 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:

BURNS, DEBRA A  
2516 OTIS AVENUE  
DELTONA, FL 32738 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: BURNS, DEBRA  
Address: 2516 OTIS AVENUE  
City-St-Zip: DELTONA, FL 32738

Title: D ( ) Delete  
Name: BURNS, STEVE  
Address: 2516 OTIS AVENUE  
City-St-Zip: DELTONA, FL 32738

Title: SD ( ) Delete  
Name: BROGAN, MICHELLE  
Address: 6101 LONG PRAIRIE ROAD SUITE 774-120  
City-St-Zip: FLOWER MOUND, TX 75028

Title: TD ( ) Delete  
Name: MUSCARELLA, FRANK D  
Address: 13 ESCONDIDO COURT  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: TD ( ) Delete  
Name: MUSCARELLA, ELIZABETH J  
Address: 13 ESCONDIDO COURT #128  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

## 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: TD (X) Change ( ) Addition  
Name: MUSCARELLA, FRANK D  
Address: 13 ESCONDIDO COURT 128  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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: DEBRA BURNS

D

04/11/2009

Electronic Signature of Signing Officer or Director

Date