

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003718

FILED
Feb 07, 2009
Secretary of State

Entity Name: NEW CREATION COMMUNITY SERVICES, INCORPORATED

Current Principal Place of Business:

4001 N. DIXIE HIGHWAY
DEERFIELD BEACH, FL 33064

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 491533-1533
FORT LAUDERDALE, FL 33349

New Mailing Address:

FEI Number: 30-0312348

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, NORBERT C
5400 N W 64TH TERRACE
LAUDERHILL, FL 33319 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: SCOTT, MICHAEL
Address: P.O. BOX 491555
City-St-Zip: FORT LAUDERDALE, FL 33349

Title: D () Delete
Name: STERLING, BYRON
Address: 1412 NW 10TH CT
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: S () Delete
Name: GROOMS, LILLIE M
Address: 609 N W 21ST COURT
City-St-Zip: POMPANO BEACH, FL 33060

Title: D () Delete
Name: DESHAZER, ANTHONY
Address: 3465 N W 23RD STREET
City-St-Zip: LAUDERDALE LAKES, FL 33311

Title: T () Delete
Name: BRYANT, EDWARD
Address: 8055 LEITNER DRIVE, WEST
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D () Delete
Name: WILLIAMS, NORBERT C
Address: 5400 NW 64TH TERR
City-St-Zip: LAUDERHILL, FL 33319

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
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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: ROBERT HOLMES

PD

02/07/2009

Electronic Signature of Signing Officer or Director

Date