2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008760

Title:

Name:

Address: City-St-Zip:

Entity Name: A NEW CREATION MINISTRIES INC

FILED Feb 13, 2009 Secretary of State

Littley Nai	He. ANEW CREATION	WIINSTRIES, INC			
Current Principal Place of Business:			New Principal Place of Business:		
8710 NW 4 LAUDERH	15TH CT ILL, FL 33351				
Current Mailing Address:			New Mailing Address:		
8710 NW 4 LAUDERH	15TH CT IILL, FL 33351				
FEI Number:	51-0595247 FEI Numl	per Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
	45TH CT IILL, FL 33351 US				
	named entity submits thi of Florida.	is statement for the pu	urpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electronic Signatu	re of Registered Age	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () Delete ABLAZA, ROBERT E 8710 NW 45TH CT LAUDERHILL, FL 33351		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete ABLAZA, MONIQUE Y 8710 NW 45TH CT LAUDERHILL, FL 33351		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete LEBOSSIERE, JOANNE 3620 18 AVE. SE NAPLES, FL 34117		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete DORELUS, JEANNY 8250 SW 3RD CT NORTH LAUDERDALE, FL	33068	Title: Name: Address: City-St-Zip:	() Change () Addition	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ROBERT E ABLAZA D 02/13/2009

() Delete

4525 TREEHOUSE LN. UNIT 5E

AMAKER, MARCELLUS

TAMARAC, FL 33319

() Change () Addition