**FILE NOW: FILING FEE IS \$61.25** 

**NONPROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

Suite. Apt. #. etc.

City & State

22

DOCUMENT # N14396

NEW CREATION FELLOWSHIP MINISTERIES, INC.

(8)

Suite, Apt. #, etc.

City & State

27

FILED 96 MAY -1 PM 3: 23 SECRETAILY OF STATE TALLAHASSEE, FLORIDA



\$8.75 Additional

Fee Required

\$5.00 May Be

Principal Place of Business	Mailing Address	t idalitet dat stort grade titte tøtte t	Atto Webot Blatt Atbit A			
% ARNOLD GREEN HOWELL 12258 PRAIRIE VIEW DR.	% ARNOLD GREEN HOWELL P. O. BOX 57155					
JACKSONVILLE FL 32258 US	JACKSONVILLE FL 32241-7155 US	<ol> <li>Date Incorporated or Qualified</li> <li>04/16/1986</li> </ol>	3a. Date of La 04/26			
2. Principal Place of Business	2a. Mailing Address	4. FEI Number		Applied For		
<b>-</b> 1	26	59-2639641		Not Applicable		

Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation has liability for intangible tax under s. 199.032, Zip Country Zio ☐ Yes ☐ No Florida Statutes 25 29 30 24 9. Name and Address of Current Registered Agent HILL, ANDREA M. 12258 PRAIRIE VIEW DRIVE

JACKSONVILLE FL 32258

		10.	Name and	l Address c	f New Regis	tered A	gent	
81	Name	PATR:	ICIA	A. HOV	VELT.			
82	Street	Address (P		nber is Not A		AP	P. 1	803
83								
84	City		~~				85	Zip Code

5. Certificate of Status Desired

6. Election Campaign Financing

11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Submits of Statutes of Florida Statutes of Flor or registered agent, or both, in the State of Florida. Such change was authorized by the familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. Chilah

SIGNATURE _	TATFICE Q A . Stonature, typed or printed name of registered agent and title.	HOWELL BOOK	Rodslerer Agent signature re	tured when reinstabled)	3/4/70		
12.	OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE .	PD	DELETE	1 1 Tiřlě		Change	☐ Addition	
NAME *	HOWELL, ARNOLD GREEN		1.2 NAME				
STREEY ADDRESS	12525 ALLPORT RD.		13 STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL		1.4 City - ST - ZiP				
TITLE	SD	DELETE	2 1 TITLE		Change	Addition	
NAME	HILL, ANDREA M.		2.2 NAME				
STREET ADDRESS	12258 PRAIRIE VIEW DR		2.3 STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL		2 4 CHTY - ST - ZIP				
TITLE	TD	DELETE	31 TITLE		Change	Addition	
NAME	CAMPBELL, WENDY P.		3.2 NAME				
STREET ADDRESS	6099 ANCONA DRIVE NORTH		33 STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP				
TITLE		DELETE	41 DILE	Vice President	☐ Change	Addition	
NAME			4 2 NAME	Patricia A. Howell			
STREET ADDRESS			4 3 STREET ADDRESS	8433 Southside Blvd	#1803		
CITY-ST-ZIP	<u></u>	· · · · · · · · · · · · · · · · · · ·	4.4 CITY - ST - ZIP	Jacksonville FL 32	256	·	
TITLE		NO:LETE	5.1 TITLE	400	001821	Addition	
NAME			5.2 NAME	-05/19	579601005	005	

6.4 CITY - ST - ZIP CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee ampowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Bi

5.3 STREET ADORESS.

5 4 CITY - ST - ZIP

61 TITLE

62 NAME 6.3 STREET ADDRESS

**SIGNATURE:** 

STREET ACORESS

STREET ACORESS

CITY-ST-ZIP

TITLE NAME

SIGNING OFFICER OR DIRECTOR

DELETE

APRIL 24, 1996 904, 642 3059

\*\*\*\*\*61.25 \*\*\*\*\*61.25

Change

☐ Addition