


FILE NOW: FILING FEE IS \$61.25

FILED  
May 12 1997 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N14396** (8)

1. Corporation Name  
**NEW CREATION FELLOWSHIP MINISTRIES, INC.**



|   |   |
|---|---|
| Principal Place of Business<br><b>% ARNOLD GREEN HOWELL<br/>12258 PRAIRIE VIEW DR.<br/>JACKSONVILLE FL 32258<br/>US</b> | Mailing Address<br><b>% ARNOLD GREEN HOWELL<br/>P. O. BOX 57155<br/>JACKSONVILLE FL 32241-7155<br/>US</b> |
|---|---|

|   |                                  |
|---|----------------------------------|
| 2. Principal Place of Business<br><b>21</b> | 2a. Mailing Address<br><b>26</b> |
| Suite, Apt. #, etc.<br><b>22</b>            | Suite, Apt. #, etc.<br><b>27</b> |
| City & State<br><b>23</b>                   | City & State<br><b>28</b>        |
| Zip<br><b>24</b>                            | Country<br><b>25</b>             |

|   |  |
|---|--|
| 3. Date incorporated or Qualified<br><b>04/16/1986</b>  | 3a. Date of Last Report<br><b>05/01/1996</b>           |
| 4. FEI Number<br><b>59-2639641</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

|   |  |
|---|--|
| 9. Name and Address of Current Registered Agent<br><b>HOWELL, PATRICIA A<br/>8433 SOUTHSIDE BLVD.<br/>APT. 1803<br/>JACKSONVILLE FL 32256</b> |  |
|---|--|

|   |           |
|---|-----------|
| 10. Name and Address of New Registered Agent          |           |
| 81 Name   |           |
| 82 Street Address (P.O. Box Number is Not Acceptable) |           |
| 83  |           |
| 84 City   | <b>FL</b> |
| 85 Zip Code   |           |

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. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                    |                                 |
|----------------------------|------------------------------------|---------------------------------|
| TITLE                      | <b>PD</b>                          | <input type="checkbox"/> DELETE |
| NAME                       | <b>HOWELL, ARNOLD GREEN</b>        |                                 |
| STREET ADDRESS             | <b>12525 ALLPORT RD.</b>           |                                 |
| CITY-ST-ZIP                | <b>JACKSONVILLE FL</b>             |                                 |
| TITLE                      | <b>SD</b>                          | <input type="checkbox"/> DELETE |
| NAME                       | <b>HILL, ANDREA M.</b>             |                                 |
| STREET ADDRESS             | <b>12258 PRAIRIE VIEW DR</b>       |                                 |
| CITY-ST-ZIP                | <b>JACKSONVILLE FL</b>             |                                 |
| TITLE                      | <b>TD</b>                          | <input type="checkbox"/> DELETE |
| NAME                       | <b>CAMPBELL, WENDY P.</b>          |                                 |
| STREET ADDRESS             | <b>8099 ANCONA DRIVE NORTH</b>     |                                 |
| CITY-ST-ZIP                | <b>JACKSONVILLE FL</b>             |                                 |
| TITLE                      | <b>V</b>                           | <input type="checkbox"/> DELETE |
| NAME                       | <b>HOWELL, PATRICIA A</b>          |                                 |
| STREET ADDRESS             | <b>8433 SOUTHSIDE BLVD., #1803</b> |                                 |
| CITY-ST-ZIP                | <b>JACKSONVILLE FL 32256</b>       |                                 |
| TITLE                      |                                    | <input type="checkbox"/> DELETE |
| NAME                       |                                    |                                 |
| STREET ADDRESS             |                                    |                                 |
| CITY-ST-ZIP                |                                    |                                 |
| TITLE                      |                                    | <input type="checkbox"/> DELETE |
| NAME                       |                                    |                                 |
| STREET ADDRESS             |                                    |                                 |
| CITY-ST-ZIP                |                                    |                                 |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |   |
|---|--|---|
| 1.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  |  |   |
| 1.3 STREET ADDRESS                                    |  |   |
| 1.4 CITY-ST-ZIP                                       |  |   |
| 2.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME  |  |   |
| 2.3 STREET ADDRESS                                    |  |   |
| 2.4 CITY-ST-ZIP                                       |  |   |
| 3.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME  |  |   |
| 3.3 STREET ADDRESS                                    |  |   |
| 3.4 CITY-ST-ZIP                                       |  |   |
| 4.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME  |  |   |
| 4.3 STREET ADDRESS                                    |  |   |
| 4.4 CITY-ST-ZIP                                       |  |   |
| 5.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME  |  |   |
| 5.3 STREET ADDRESS                                    |  |   |
| 5.4 CITY-ST-ZIP                                       |  |   |
| 6.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME  |  |   |
| 6.3 STREET ADDRESS                                    |  |   |
| 6.4 CITY-ST-ZIP                                       |  |   |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Patricia A. Howell* **Patricia A. Howell** 4/28/97 (904) 642-3059  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0006448

CR2E037 (9/96)