


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90064 038 ****61.25

DOCUMENT # N37579

1. Entity Name
NEW CREATION BAPTIST CHURCH OF CHRIST, INC.



Principal Place of Business
**4001 NORTH DIXIE HIGHWAY
 POMPANO BEACH, FL 33064**

Mailing Address
**PO BOX 491533
 FT LAUDERDALE, FL 39349**

20022563



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03022005 Chg-NP CR2E037 (10/03)

City & State
 Zip Country

4. FEI Number
65-0199390

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
**MCCRAY JR, JOHNNY L
 400 E ATLANTIC BLVD
 POMPANO BEACH, FL 33060**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 Name **Holmes Robert**
 Street Address (P.O. Box Number is Not Acceptable) **1577 NW 7TH AVE**
POMPANO BEACH, FL
 City **FL** Zip Code **33060**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Robert Holmes - Robert Holmes** DATE **03-14-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2005**

9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, NORBERT C	
STREET ADDRESS	5400 NW 64TH TERRACE	
CITY-ST-ZIP	LAUDERHILL, FL 33319	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BRYANT, EDWARD	
STREET ADDRESS	8055 LEITNER DRIVE WEST	
CITY-ST-ZIP	CORAL SPRINGS, FL 33067	
TITLE	D	<input type="checkbox"/> Delete
NAME	DESHAZOR, ANTHONY	
STREET ADDRESS	3465 NW 33 ST	
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33312	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HOLMES, ROBERT	
STREET ADDRESS	1577 NW 7TH AVE	
CITY-ST-ZIP	POMPANO BCH, FL 33060	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLUELLEN, EARL S	
STREET ADDRESS	3831 NW 6TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311	
TITLE	D	<input type="checkbox"/> Delete
NAME	STERLING, BYRON	
STREET ADDRESS	1412 NW 11TH CT	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT, MICHAEL J	
STREET ADDRESS	1421 SW 11TH TERRACE	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Robert Holmes - Robert Holmes** DATE **03-14-05** DAYTIME PHONE **954-943-7485**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR