

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N93000000966

1. Entity Name
CREATION MINISTRIES, INC.



Principal Place of Business
5856 82ND AVENUE NORTH
PINELLAS PARK, FL 34665

Mailing Address
5856 82ND AVENUE NORTH
PINELLAS PARK, FL 34665

FILED
Mar 23, 2005 08:00 AM
Secretary of State



03142005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-3179356

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CLARK, EMMA L
5856 82ND AVENUE NORTH
PINELLAS PARK, FL 34665

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CLARK, EMILY
STREET ADDRESS	5856 82ND AVENUE NORTH
CITY-ST-ZIP	PINELLAS PARK, FL 34665
TITLE	ST
NAME	SPIVEY, MARY
STREET ADDRESS	3839 5TH AVENUE NORTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33713
TITLE	V
NAME	SPIVEY, GREGORY F
STREET ADDRESS	3839 5TH AVENUE NORTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33713
TITLE	D
NAME	MAULDIN, REV. GORDON
STREET ADDRESS	2045 PALMETTO STREET
CITY-ST-ZIP	CLEARWATER, FL 34615
TITLE	D
NAME	WILLIAMS, ROSIE
STREET ADDRESS	1683 TALL PINE DRIVE
CITY-ST-ZIP	LARGO, FL 34641
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000273760
03/23/05-80040-025 61.25

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Emma Lee Clark EMMA LEE CLARK 3/21/05 727-544-9173