

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000966

FILED  
Apr 06, 2009  
Secretary of State

Entity Name: CREATION MINISTRIES, INC.

## Current Principal Place of Business:

5856 82ND AVENUE NORTH  
PINELLAS PARK, FL 34665

## New Principal Place of Business:

## Current Mailing Address:

5856 82ND AVENUE NORTH  
PINELLAS PARK, FL 34665

## New Mailing Address:

FEI Number: 59-3179356

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CLARK, EMILY  
Address: 5856 82ND AVENUE NORTH  
City-St-Zip: PINELLAS PARK, FL 34665

Title: ST ( ) Delete  
Name: SPIVEY, MARY  
Address: 3839 5TH AVENUE NORTH  
City-St-Zip: ST. PETERSBURG, FL 33713

Title: V ( ) Delete  
Name: SPIVEY, GREGORY F  
Address: 3839 5TH AVENUE NORTH  
City-St-Zip: ST. PETERSBURG, FL 33713

Title: D ( ) Delete  
Name: MAULDIN, REV. GORDON  
Address: 2045 PALMETTO STREET  
City-St-Zip: CLEARWATER, FL 34615

Title: D ( ) Delete  
Name: WILLIAMS, ROSIE  
Address: 1683 TALL PINE DRIVE  
City-St-Zip: LARGO, FL 34641

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: EMILY CLARK

P

04/06/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date