

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003002

Entity Name

NEW CREATION CHRISTIAN CENTER, INC.

APPROVED  
AND  
FILED

01 MAR 26 PM 3:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0010357

Principal Place of Business Mailing Address  
1210 N. 17TH STREET P.O. BOX 1691  
PALATKA FL 32177 PALATKA FL 32178

1. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-3237869 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACKSON, ELIJAH T  
1210 N. 17TH ST.  
PALATKA FL 32177

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP V.P. Z BADIE, MELODY 208-FOURTH ST E PALATKA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDT MCCASKILL, IZELL 1812 EAGLE STREET PALATKA FL 32177	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SPD BARTLEY, JOANN 900 N 15TH ST PALATKA FL 32177	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Elijah T. Jackson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-2001 (904) 3253417

Date

Daytime Phone #

CR2E037 (10/00)

**as New Creation Christian  
Center, Incorporation .**

**After discussion, the Board voted and  
approved all actions to be taken.**

**Meeting adjourned at 8:15 p.m.**

**President-Elijah T. Jackson** *Elijah T. Jackson*  
**1<sup>st</sup> Vice President –Annie B. Jackson** *Annie B. Jackson*  
**2nd Vice President –Melody C. Badie** *Melody Badie*  
**Secretary –Adriane Bartley** *Adriane Bartley*  
**Treasurer-Izell McCaskill** *Izell McCaskill*