


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 21, 2008 8:00 am
Secretary of State

04-18-2008 90051 039 ****61.25

DOCUMENT # N93000003002	
1. Entity Name NEW CREATION CHRISTIAN CENTER, INC.	

Principal Place of Business 301 N 11TH ST. PALATKA, FL 32177	Mailing Address P.O. BOX 1691 PALATKA, FL 32178
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DO NOT WRITE IN THIS SPACE

04072008 No Chg-NP CR2E037 (4/08)

4. FEI Number 59-3237869	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent JACKSON, ELIJAH T 1210 N. 17TH ST. PALATKA, FL 32177
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**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: *Elijah T. Jackson* DATE: 4/7/08
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$61.25
Due by May 1, 2008**

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


10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	2VP BADIE, MELODY 208-FOURTH ST E PALATKA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TDT GREEN, GEORGIA 408 N 16TH ST., APT. B-13 PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SPD BARTLEY, JOANN 900 N 15TH ST PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JACKSON, ELIJAH T P.O. BOX 1691 PALATKA, FL 32178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	1VP JACKSON, ANNIE 1210 N. 17TH STREET PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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* Date: _____ Daytime Phone #: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N93000003002	
1. Entity Name NEW CREATION CHRISTIAN CENTER, INC.	

ATTACHMENT

66011146

Principal Place of Business 301 N 11TH ST. PALATKA, FL 32177	Mailing Address P.O. BOX 1691 PALATKA, FL 32178
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01112008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3237869	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

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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: Mr. Elijah T Jackson DATE: 4-4-08

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, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ZVP BADIE, MELODY 208-FOURTH ST E PALATKA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDT GREEN, GEORGIA 408 N 16TH ST., APT. B-13 PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SPD BARTLEY, JOANN 900 N 15TH ST PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACKSON, ELIJAH T P.O. BOX 1691 PALATKA, FL 32178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP JACKSON, ANNIE 1210 N. 17TH STREET PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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SIGNATURE: Mr. Elijah T Jackson Date: _____ Daytime Phone #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR