

FILE NOW: FILING FEE IS \$61.25

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Apr 15 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **N95000000850 (6)**

1. Corporation Name

NEW CREATION CHRISTIAN MINISTRIES, INCORPORATED



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| Principal Place of Business 1125-2 CESERY BLVD JACKSONVILLE FL 32211 US | Mailing Address 1125-2 CESERY BLVD JACKSONVILLE FL 32211-5602 US |
|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|

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|--------------------------------|--|------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 02/22/1995 | | 3a. Date of Last Report 02/27/1996 | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 4. FEI Number 59-3302154 | | Applied For <input type="checkbox"/> Not Applicable | |
| 22 City & State | | 27 City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23 Zip | | 28 Zip | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 Country | | 29 Country | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |

| | | | | | | | |
|---------------------------------------------------------------------------|--|--|--|-------------------------------------------------------|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| OGILVIE, PAMELA J 1125-2 CESERY BLVD JACKSONVILLE FL 32211 | | | | 81 Name | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | 83 | | | |
| | | | | 84 City FL 85 Zip Code | | | |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and fee if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|--------------------------|--------------------------------------------|--|-------------------------------------------------------|------------------------|------------------------------------------------------------------------------|--|
| TITLE | DP | <input type="checkbox"/> DELETE | | 1.1 TITLE | DT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | OGILVIE, PAMELA J | | | 1.2 NAME | MAUREEN S. KELLY | | |
| STREET ADDRESS | 1217 LONDON AVENUE | | | 1.3 STREET ADDRESS | 2851 MANITOU AVENUE | | |
| CITY-ST-ZIP | JACKSONVILLE FL | | | 1.4 CITY-ST-ZIP | JACKSONVILLE, FL 32210 | | |
| TITLE | DT | <input checked="" type="checkbox"/> DELETE | | 2.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | HITCHCOCK, KAREN L | | | 2.2 NAME | BERGMAN, JO ANNE | | |
| STREET ADDRESS | 1217 LONDON AVENUE | | | 2.3 STREET ADDRESS | 2808 SYDNEY ST. | | |
| CITY-ST-ZIP | JACKSONVILLE FL | | | 2.4 CITY-ST-ZIP | JACKSONVILLE, FL 32205 | | |
| TITLE | DS | <input checked="" type="checkbox"/> DELETE | | 3.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | WOOD, INEZ C | | | 3.2 NAME | AUGHEY, SUSAN P | | |
| STREET ADDRESS | 1167 WOLFE STREET | | | 3.3 STREET ADDRESS | 369 GREENCASTLE DR. | | |
| CITY-ST-ZIP | JACKSONVILLE FL | | | 3.4 CITY-ST-ZIP | JACKSONVILLE, FL 32225 | | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE | | 4.1 TITLE | DP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | KANNE, LISA S | | | 4.2 NAME | OGILVIE, PAMELA J. | | |
| STREET ADDRESS | 69 HOLLYWOOD LANE LOT 31 | | | 4.3 STREET ADDRESS | 2851 MANITOU AVENUE | | |
| CITY-ST-ZIP | ST. MARYS GA | | | 4.4 CITY-ST-ZIP | JACKSONVILLE, FL 32210 | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 5.1 TITLE | DS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | CORBITT, SARAH L. | | | 5.2 NAME | CORBITT, SARAH L. | | |
| STREET ADDRESS | 3220 CATHEDRAL LANE | | | 5.3 STREET ADDRESS | 2851 MANITOU AVENUE | | |
| CITY-ST-ZIP | JACKSONVILLE FL | | | 5.4 CITY-ST-ZIP | JACKSONVILLE, FL 32210 | | |
| TITLE | | <input type="checkbox"/> DELETE | | 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | 6.2 NAME | | | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 6.4 CITY-ST-ZIP | | | |

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)