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**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90174 013 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N95000000850**

1. Corporation Name

**NEW CREATION CHRISTIAN MINISTRIES, INCORPORATED**

Principal Place of Business

1125-2 CESERY BLVD  
 JACKSONVILLE FL 32211  
 US

Mailing Address

1125-2 CESERY BLVD  
 JACKSONVILLE FL 32211  
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

02/22/1995

4. FEI Number

59-3302154

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Election Campaign Financing  
 Trust Fund Contribution ☐

**\$5.00** May Be  
 Added to Fees

9. Name and Address of Current Registered Agent

PATIN, GAIL A  
 3314 SHERIDAN RD  
 JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name

Taylor, REBECCA L

82 Street Address (P.O. Box Number is Not Acceptable)

3314 SHERIDAN RD

83

JACKSONVILLE

84 City

JACKSONVILLE

FL

85 Zip Code  
 32207

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

*Rebecca L Taylor*  
 Signature, typed or printed name of registered agent and title if applicable.

REBECCA L TAYLOR

4/11/99  
 Date

(NOT: Registered Agent signature required when reinstating)

12.

OFFICERS AND DIRECTORS

|                |                       |  |
|----------------|-----------------------|--|
| TITLE          | DT                    | <input type="checkbox"/> DELETE            |
| NAME           | KELLY, MAUREEN S      |  |
| STREET ADDRESS | 1326 CEDAR ST         |  |
| CITY-ST-ZIP    | JACKSONVILLE FL 32207 |  |
| TITLE          | D                     | <input checked="" type="checkbox"/> DELETE |
| NAME           | BERGMAN, JOANNE       |  |
| STREET ADDRESS | 3808 SYDNEY ST        |  |
| CITY-ST-ZIP    | JACKSONVILLE FL 32205 |  |
| TITLE          | D                     | <input checked="" type="checkbox"/> DELETE |
| NAME           | AUGHEY, SUSAN         |  |
| STREET ADDRESS | 11479 STINGER WY      |  |
| CITY-ST-ZIP    | JACKSONVILLE FL 32223 |  |
| TITLE          | DS                    | <input type="checkbox"/> DELETE            |
| NAME           | CORBITT, SARAH L.     |  |
| STREET ADDRESS | 1326 CEDAR ST         |  |
| CITY-ST-ZIP    | JACKSONVILLE FL 32207 |  |
| TITLE          |                       | <input type="checkbox"/> DELETE            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          |                       | <input type="checkbox"/> DELETE            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                |  |
|--------------------|--------------------------------|--|
| 1.1 TITLE          | DS                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | EDWARDS, CAROL                 |  |
| 1.3 STREET ADDRESS | 10950 MINDANAO DRIVE S.        |  |
| 1.4 CITY-ST-ZIP    | JACKSONVILLE, FL 32246         |  |
| 2.1 TITLE          | D                              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | MARSH, KIM                     |  |
| 2.3 STREET ADDRESS | 12747 DIEDER LANE              |  |
| 2.4 CITY-ST-ZIP    | JACKSONVILLE, FL 32258         |  |
| 3.1 TITLE          | <del>WRIGHT, FREDERICK</del> D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | WRIGHT, FREDERICK              |  |
| 3.3 STREET ADDRESS | 1050 LAKE RIDGE DRIVE          |  |
| 3.4 CITY-ST-ZIP    | JACKSONVILLE, FL 32211         |  |
| 4.1 TITLE          | D                              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           | CORBITT, SARAH L               |  |
| 4.3 STREET ADDRESS | 1326 CEDAR ST                  |  |
| 4.4 CITY-ST-ZIP    | JACKSONVILLE, FL 32207         |  |
| 5.1 TITLE          |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                                |  |
| 5.3 STREET ADDRESS |                                |  |
| 5.4 CITY-ST-ZIP    |                                |  |
| 6.1 TITLE          |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                                |  |
| 6.3 STREET ADDRESS |                                |  |
| 6.4 CITY-ST-ZIP    |                                |  |

14. 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 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, with a 10 other like empowered.

SIGNATURE:

*Maureen S Kelly*  
 Signature, typed or printed name of signing officer or director

4/7/99 (604) 399 112.3  
 Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)