

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000850

1. Entity Name

NEW CREATION CHRISTIAN MINISTRIES, INCORPORATED

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90312 047 ****61.25

Principal Place of Business

1125-2 CESERY BLVD
 JACKSONVILLE FL 32211
 US

Mailing Address

1125-2 CESERY BLVD
 JACKSONVILLE FL 32211-5602
 US

2. Principal Place of Business

3. Mailing Address

3314 SHERIDAN Rd
 Suite, Apt. #, etc.

PO Box 47504
 Suite, Apt. #, etc.

City & State
 JACKSONVILLE FL

City & State
 JACKSONVILLE FL

4. FEI Number
 59-3302154

Applied For
 Not Applicable

Zip
 32207

Zip
 32247-7504

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

TAYLOR, REBECCA L
 3314 SHERIDAN RD
 JACKSONVILLE FL 32207

Name
 GAIL A. PATIN
 Street Address (P.O. Box Number is Not Acceptable)
 3314 SHERIDAN Rd
 City
 JACKSONVILLE FL Zip Code
 32207

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 *Gail A. Patin*

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

(NOTE: Registered Agent signature required when reinstating)

4/14/2000

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	DT KELLY, MAUREEN S 1326 CEDAR ST JACKSONVILLE FL 32207	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARSH, KIM 12747 DEEDER LANE JACKSONVILLE FL 32258	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORBIT, SARAH L 1326 CEDAR ST. JACKSONVILLE FL 32207	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CORBIT, SARAH L 1326 CEDAR ST JACKSONVILLE FL 32207	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS EDWARDS, CAROL 10950 MINDANAO DRIVE S. JACKSONVILLE FL 32258	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, FREDERICK 6050 LAKE RIDGE DRIVE JACKSONVILLE FL 32211	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KELLY, MAUREEN S 4689 HOMESTEAD Rd JACKSONVILLE, FL 32210	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MARSH, KIM 12747 DEEDER LANE JACKSONVILLE FL 32258	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORBITT, SARAH L 4689 HOMESTEAD Rd JACKSONVILLE, FL 32210	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PATIN, GAIL A. 3314 SHERIDAN Rd JACKSONVILLE FL 32207	<input type="checkbox"/> Change <input checked="" 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 another like empowered.

SIGNATURE:

Maureen S. Kelly
 MAUREEN S. KELLY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/2000

Date

904 387 1656

Daytime Phone #

CR2E037 (9/99)