

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004819

1. Entity Name

NEW CREATION MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business

500 SAHADILLA AVE
WEST PALM BEACH FL 33401

Mailing Address

P.O. BOX 12153
LAKE PARK FL 33403-0153

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0758892

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

MCKENZIE, ELLIS C
907 LAKE SHORE DRIVE
#107
LAKE PARK FL 33403

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 PD
NAME MCKENZIE, ELLIS
STREET ADDRESS 907 LAKE SHORE
CITY-ST-ZIP LAKE PARK FL 33403

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME MCKENZIE, BARBARA
STREET ADDRESS 907 LAKE SHORE
CITY-ST-ZIP LAKE PARK FL 33403

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME WRIGHT, DENISE
STREET ADDRESS 500 N. SAPADALLA
CITY-ST-ZIP WEST PALM BEACH FL 33409

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90018 026 ****61.25

C0035775



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)