

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 02, 2003 8:00 am**  
**Secretary of State**

09-02-2003 90183 011 \*\*\*\*61.25

**DOCUMENT # N97000004819**

1. Entity Name  
**NEW CREATION MISSIONARY BAPTIST CHURCH, INC.**



Principal Place of Business  
**500 N SAHADILLA  
WEST PALM BEACH FL 33403**

Mailing Address  
**P.O. BOX 12153  
LAKE PARK FL 33403**

2. Principal Place of Business

3. Mailing Address

**719 N Sapodilla Ave**  
Suite, Apt. #, etc.

**P.O. Box 12153**  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State  
**West Palm Beach FL**

City & State  
**West Palm Beach FL**

4. FEI Number **65-0758892**

Applied For  
☐ Not Applicable

Zip  
**33401**

Country  
**Palm Beach**

Zip  
**33403**

Country  
**Palm Beach**

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  
500 N. SAPODILA AVE  
WEST PALM BEACH FL 33401**

Name  
**McKenzie, ELLIS C**  
Street Address (P.O. Box Number is Not Acceptable)  
**719 N Sapodilla Ave**  
City  
**West Palm Beach** FL Zip Code  
**33401**

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 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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**McKenzie, ELLIS  
755 Date Palm Drive  
Lake Park FL 33403** ☒ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**McKenzie, Barbara  
755 Date Palm Drive  
Lake Park FL 33403** ☒ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Wright, Denise  
719 N Sapodilla Ave  
West Palm Bch FL 33401** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SPRUCE, ALMAN  
500 N SAPADILLA  
WEST PALM BEACH FL 33401** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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 an other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

CR2E037 (10/02)