

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90079 042 ****61.25

DOCUMENT # N98000001416

1. Entity Name

NEW CREATION MISSIONS, INC.



Principal Place of Business

11420 DUVAL RD.
JACKSONVILLE FL 32218

Mailing Address

11420 DUVAL RD.
JACKSONVILLE FL 32218

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

59-3582350

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

MCCARY, SHIRLEY B
11420 DUVAL RD.
JACKSONVILLE FL 32218

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. 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
Due By May 1, 2004

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

TITLE **D+PRESIDENT / TREAS.** ☐ Delete
NAME MCCARY, SHIRLEY B
STREET ADDRESS 11420 DUVAL RD.
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE **D+SECRETARY** ☐ Delete
NAME HOWARD, MARGARET A
STREET ADDRESS 5134 LANNIE RD.
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE **D** ☐ Delete
NAME BLAKE, ORVILLE DR.
STREET ADDRESS **430 ARCADIA AVE- 33 NW 42nd Terr**
CITY-ST-ZIP **WINSTON SALEM NC 27127 Plantation, FL 33317**

TITLE **D** ☐ Delete
NAME ROEBUCK, NANCY S
STREET ADDRESS 1667 HAWKINS COVE E.
CITY-ST-ZIP JACKSONVILLE FL 32246

TITLE **D** ☐ Delete
NAME LANIER, GEORGE DR.
STREET ADDRESS 164 MIRIAM ST.
CITY-ST-ZIP GUYTON GA 31312

TITLE **D** ☐ Delete
NAME **CHRISTOPHER J. LAWSON**
STREET ADDRESS **421 BLUE WHALE WAY**
CITY-ST-ZIP **JACKSONVILLE, FL 32218**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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: *Shirley B. McCary* **SHIRLEY B. MCCARY** 3/22/04 904 768-3991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #