


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90089 048 ****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		4. FEI Number 59-3582350	
Zip		Country		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	DPT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCARY, SHIRLEY B		NAME		
STREET ADDRESS	11420 DUVAL RD.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32218		CITY-ST-ZIP		
TITLE	SD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOWARD, MARGARET A		NAME		
STREET ADDRESS	5134 LANNIE RD.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32218		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLAKE, ORVILLE DR.		NAME		
STREET ADDRESS	33 NW 42ND TERRACE		STREET ADDRESS	1251 N W 63RD AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33317		CITY-ST-ZIP	SUNRISE, FL 33313	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROEBUCK, NANCY S		NAME		
STREET ADDRESS	1667 HAWKINS COVE E.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32246		CITY-ST-ZIP		
TITLE	DC <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LANIER, GEORGE DR.		NAME		
STREET ADDRESS	164 MIRIAM ST.		STREET ADDRESS		
CITY-ST-ZIP	GUYTON GA 31312		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAWHON, CHRISTOPHER J		NAME		
STREET ADDRESS	421 BLUE WHALE WAY		STREET ADDRESS	1249 UNION CHURCH RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32218		CITY-ST-ZIP	SYLVANIA, GA 30467	
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: <i>Shirley B. McCary</i> Shirley B. McCary 3/28/05 (904) 768-3991					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					