

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90034 026 ****61.25

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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 - No P.O. Box #

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

1st MOORE

CR2E037 (10/07)



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 reappointing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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 DPT
NAME MCCARY, SHIRLEY B ☐ Delete
STREET ADDRESS 11420 DUVAL RD.
CITY- ST- ZIP JACKSONVILLE FL 32218

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

TITLE D
NAME BLAKE, ORVILLE DR. ☐ Delete
STREET ADDRESS 1251 NW 63RD AVE
CITY- ST- ZIP SUNRISE FL 33313

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

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

TITLE D
NAME LAWHON, CHRISTOPHER J ☐ Delete
STREET ADDRESS 1249 UNION CHURCH RD
CITY- ST- ZIP SYLVANIA GA 30467

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
CITY- ST- ZIP

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

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

TITLE ☒ Change ☐ Addition
NAME LAWHON, CHRISTOPHER J, REV
STREET ADDRESS 645 BONAPARTE DR.
CITY- ST- ZIP JACKSONVILLE, FL 32218

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Jan 30, 2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #