2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2009
Secretary of State

DOCUMENT# N98000001416

Entity Name: NEW CREATION MISSIONS, INC.

Current Principal Place of Business:

11420 DUVAL RD.
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

11420 DUVAL RD.
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: 59-3582350 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCARY, SHIRLEY B
11420 DUVAL RD.
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DPT	( ) Delete
Name:	MCCARY, SHIRLEY B	
Address:	11420 DUVAL RD.	
City-St-Zip:	JACKSONVILLE, FL 32218	
Title:	SD	( ) Delete
Name:	HOWARD, MARGARET A	
Address:	5134 LANNIE RD.	
City-St-Zip:	JACKSONVILLE, FL 32218	
Title:	D	( ) Delete
Name:	BLAKE, ORVILLE DR.	
Address:	1251 NW 63RD AVE	
City-St-Zip:	SUNRISE, FL 33313	
Title:	D	( ) Delete
Name:	ROEBUCK, NANCY S	
Address:	1667 HAWKINS COVE E.	
City-St-Zip:	JACKSONVILLE, FL 32246	
Title:	DC	( ) Delete
Name:	LANIER, GEORGE DR.	
Address:	164 MIRIAM ST.	
City-St-Zip:	GUYTON, GA 31312	
Title:	D	( ) Delete
Name:	LAWHORN, CHRISTOPHER J REV	
Address:	645 BONAPARTE DR	
City-St-Zip:	JACKSONVILLE, FL 32218	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHIRLEY B. MCCARY DPT 01/05/2009

Electronic Signature of Signing Officer or Director — Date