2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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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 (X)**

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
Name: MCCARY, SHIRLEY B
Address: 11420 DUVAL RD.
City-St-Zip: JACKSONVILLE, FL 32218

Title: SD
Name: HOWARD, MARGARET A
Address: 5134 LANNIE RD.
City-St-Zip: JACKSONVILLE, FL 32218

Title: D
Name: BLAKE, ORVILLE DR.
Address: 1251 NW 63RD AVE
City-St-Zip: SUNRISE, FL 33313

Title: D
Name: ROEBUCK, NANCY S
Address: 1667 HAWKINS COVE E.
City-St-Zip: JACKSONVILLE, FL 32246

Title: DC
Name: LANIER, GEORGE DR.
Address: 164 MIRIAM ST.
City-St-Zip: GUYTON, GA 31312

Title: D
Name: LAWHON, CHRISTOPHER J REV
Address: 2559 KERSHAW DR. W.
City-St-Zip: JACKSONVILLE, FL 32211

I hereby 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 all other like empowered.

SIGNATURE: SHIRLEY B. MCCARY DPT 03/02/2010
Electronic Signature of Signing Officer or Director Date