2002 UNIFORM BUSINESS REPORT (UBR) FILED May 10, 2002 8:00 am Secretary of State DOCUMENT # **N99000003815** 1. Entity Name **NEW CREATION CHURCH INTERNATIONAL, INC.** 05-10-2002 90031 042 ****70.00 Principal Place of Business Mailing Address 1016 KERWOOD CIRCLE 1016 KERWOOD CIRCLE OVIEDO FL 32765 OVIEDO FL 32765 2. Principal Place of Business 145 Hidden Hollow Terrace Suite, Apt. #, etc. 45 Hidden Hollow Terrace Suite, Apt. #, etc. 4. FEI Number Applied For alm Beach Gordens 59-3585014 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) VANDE-RIET, JON C 1016 KERWOOD CIRCLE OVIEDO FL 32765 Beach Gordens 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Make Check Payable to Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Defete TITLE VANDE-RIET, JON C NAME Vande-Riet 1016 KERWOOD CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OVIEDO FL 32765 CITY-ST-ZIP TITLE ☐ Delete TITLE SHIELDS, LONNIE NAME NAME STREET ADDRESS 2777 KNAPP------STREET ADDRESS CITY-ST-ZIP **GRAND RAPIDS MI 49525** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition HERRON, J. MICHAEL NAME STREET ADDRESS 1989 PTARMIGAN STREET ADDRESS CITY-ST-ZIP **SALEM OR 97304** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR