2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # N99000003815

1. Entity Name
NEW CREATION MINISTRIES INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
145 HIDDEN HOLLOW TERRACE PALM BEACH GARDENS, FL 33418	PO BOX 30086 PALM BEACH GARDENS, FL 33420

DO NOT WRITE IN THIS SPACE

03272008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3585014
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

VANDE-RIET, JON C
145 HIDDEN HOLLOW TERRACE
PALM BEACH GARDENS, FL 33418

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	VANDE-RIET, JON C
STREET ADDRESS	145 HIDDEN HOLLOW TERRACE
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	D
NAME	SHIELDS, LONNIE
STREET ADDRESS	2777 KNAPP
CITY-ST-ZIP	GRAND RAPIDS, MI 49525
TITLE	D
NAME	HERRON, J. MICHAEL
STREET ADDRESS	1989 PTARMIGAN
CITY-ST-ZIP	SALEM, OR 97304
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Jon C Vande-Riet Jon C. Vande-Riet April 11, 2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

561-248-6641