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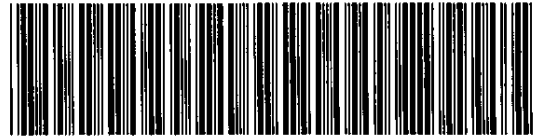
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TALLAHASSEE, FLORIDA

JUL 13 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEW CREATION MINISTRY INTERNATIONAL, INC.
Name of Corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

DR SHARON E. JEFFERSON
Name of Person

NEW CREATION MINISTRY INTERNATIONAL
Firm/Company

2700 69TH AVENUE SOUTH
2822 54TH AVE SOUTH #124
Address

ST. PETERS BURG, FL 33717
City/State and Zip Code

SHARJEFFERS3@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DR S. JEFFERSON at (419) 979/3095
Name of Person Area Code Daytime Telephone Number

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. NEW CREATION MINISTRY INTERNATIONAL INC
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

NEW CREATION MINISTRY, INC

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. OHIO (State or country under the law of which it is incorporated) 3. 34-182-0386 (FEI number, if applicable)

4. MARCH 11, 1996 (Date of Incorporation) 5. (Date of duration, if other than perpetual)

6. N/A (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 2700 69th AVE SOUTH (Principal office address)

2822 54th AVE. SOUTH #124 (Current mailing address, if different)

8. TRAIN LEADERS - SPREAD THE GOSPEL (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: DR SHARON E. JEFFERSON

Office Address: 2700 69th AVE SOUTH ST. PETERSBURG, Florida 33712 (City) (Zip Code)

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10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

[Handwritten Signature]

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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SECRETARY'S OFFICE
HILLTOP COMMUNITY CENTER

B. OFFICERS

President: DR. SHARON E. JEFFERSON

Address: 2700 69TH AVE SOUTH
ST. PETERSBURG, FLA

Vice President: DR. DERA GLENN

Address: 811 S. UNION ST, LIMA, OH
45801

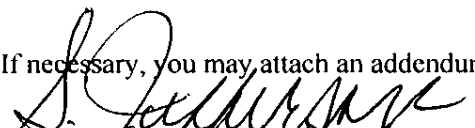
Secretary: QUEEN MCFADDEN

Address: 856 DEBORAH ST, LIMA, OH 45801

Treasurer: ELDER MELISSA BUSICK

Address: 2035 NUNE RD, LIMA, OH 45806

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. DR. SHARON E JEFFERSON
(Typed or printed name and capacity of person signing application)

**UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE**

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show NEW CREATION MINISTRY INTERNATIONAL, an Ohio not for profit Corporation, Charter No. 935610, having its principal location in Lima, County of Allen, was incorporated on March 11, 1996, and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 1st day of July, A.D. 2016.

Jon Husted

Ohio Secretary of State