

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90009 024 ****61.25

DOCUMENT # 732364 1. Entity Name NEW COVENANT MINISTRIES, INC.					
Principal Place of Business 2360 ST. JOHNS BLUFF RD JACKSONVILLE, FL 32246			Mailing Address 2360 ST. JOHNS BLUFF RD JACKSONVILLE, FL 32246		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WILEY TOMLINSON 2360 ST. JOHNS BLUFF RD JACKSONVILLE, FL 32246			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	TOMLINSON, WILEY		NAME		
STREET ADDRESS	2360 ST. JOHNS BLUFF RD		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32246		CITY-ST-ZIP		
TITLE	VDT ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	TOMLINSON, JEANA		NAME		
STREET ADDRESS	2360 ST. JOHNS BLUFF RD.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32246		CITY-ST-ZIP		
TITLE	S ☐ Delete		TITLE	S ☒ Change ☐ Addition	
NAME	TOMLINSON-BARTLEY, MERRY R		NAME	TOMLINSON-BARTLEY, MERRY	
STREET ADDRESS	10421 5-E FRASER RD		STREET ADDRESS	12301 KERNAN FOREST BLVD #1402	
CITY-ST-ZIP	JACKSONVILLE, FL 32246		CITY-ST-ZIP	JACKSONVILLE, FL 32225	
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Merry R Tomlinson-Bartley</u> <u>3/14/06</u> <u>641-7600</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

40036372



03142006 Chg-NP CR2E037 (11/05)

4. FEI Number **59-1627769** Applied For ☐ Not Applicable

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