

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90049 003 ****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

DO NOT WRITE IN THIS SPACE



01072007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-1627769

Applied For
Not Applicable

5. Certificate of Status Desired. ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILEY TOMLINSON
2360 ST. JOHNS BLUFF RD
JACKSONVILLE, FL 32246

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IN THIS SPACE**

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TOMLINSON, WILEY 2360 ST. JOHNS BLUFF RD JACKSONVILLE, FL 32246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT TOMLINSON, JEANA 2360 ST. JOHNS BLUFF RD. JACKSONVILLE, FL 32246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TOMLINSON-BARLTEY, MERRY R 12301 KERNAN FOREST BLVD#1402 JACKSONVILLE, FL 32225
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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IN THIS SPACE**

12. I hereby certify that the information applied 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #