# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 21, 2012**
**Secretary of State**

DOCUMENT# 732364

**Entity Name:** NEW COVENANT MINISTRIES, INC.

**Current Principal Place of Business:**

2360 ST. JOHNS BLUFF RD
JACKSONVILLE, FL 32246

**New Principal Place of Business:**

**Current Mailing Address:**

2360 ST. JOHNS BLUFF RD
JACKSONVILLE, FL 32246

**New Mailing Address:**

**FEI Number: 59-1627769** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCCLELLAN, JONATHAN D
2360 ST. JOHNS BLUFF RD
JACKSONVILLE, FL 32246 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: PD
Name: TOMLINSON, WILEY
Address: 2360 ST. JOHNS BLUFF RD
City-St-Zip: JACKSONVILLE, FL 32246

Title: VD
Name: TOMLINSON, JEANA
Address: 2360 ST. JOHNS BLUFF RD.
City-St-Zip: JACKSONVILLE, FL 32246

Title: D
Name: MCGILL, WILLIAM
Address: 2530 LAUREL ROAD
City-St-Zip: JACKSONVILLE, FL 32207

Title: SD
Name: SIMMONS, YOLANDA
Address: 8758 HAMMOND ROAD
City-St-Zip: JACKSONVILLE, FL 32221

Title: TD
Name: MCCLELLAN, JONATHAN D
Address: 2360 SAINT JOHNS BLUFF ROAD
City-St-Zip: JACKSONVILLE, FL 32246

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JONATHAN MCCLELLAN TD 01/21/2012

Electronic Signature of Signing Officer or Director Date