


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N08266**  
 1. Entity Name  
**NEW COVENANT FELLOWSHIP, INC.**



Principal Place of Business      Mailing Address  
 385 NO. SINGLETON AVE      385 NO. SINGLETON AVE  
 TITUSVILLE, FL 32796 US      TITUSVILLE, FL 32796 US

**DO NOT WRITE IN THIS SPACE**



01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number      Applied For  
 59-2741792      Not Applicable

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

6. Name and Address of Current Registered Agent  
 DIAZ, ORLANDO  
 6620 SOUTH FORK ROAD  
 TITUSVILLE, FL 32780

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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:  Orlando Diaz, pres. 4.25.05  
Signature, typed or printed name of registered agent and office if applicable      (NOTE: Registered Agent signature required when re-registering)      DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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

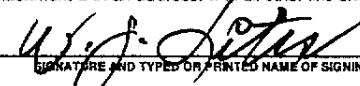
10. OFFICERS AND DIRECTORS

|                |                        |
|----------------|------------------------|
| TITLE          | VD                     |
| NAME           | LUTH, DAVID            |
| STREET ADDRESS | 3050 SANDALWOOD LANE   |
| CITY- ST- ZIP  | TITUSVILLE, FL 32780   |
| TITLE          | D                      |
| NAME           | CROUSE, DWAYNE         |
| STREET ADDRESS | 3900 MT. VERNON AVENUE |
| CITY- ST- ZIP  | TITUSVILLE, FL 32780   |
| TITLE          | STD                    |
| NAME           | LITES, WILLIAM         |
| STREET ADDRESS | 970 PARLERMO DR.       |
| CITY- ST- ZIP  | TITUSVILLE, FL 32780   |
| TITLE          | D                      |
| NAME           | FOOTE, FRED            |
| STREET ADDRESS | 1511 GULDAHL DRIVE     |
| CITY- ST- ZIP  | TITUSVILLE, FL 32780   |
| TITLE          | PD                     |
| NAME           | DIAZ, ORLANDO          |
| STREET ADDRESS | 6620 SOUTH FORK ROAD   |
| CITY- ST- ZIP  | TITUSVILLE, FL 32780   |
| TITLE          | D                      |
| NAME           | ROBERTSON, ALEXANDER   |
| STREET ADDRESS | 3300 KENTUCKY STREET   |
| CITY- ST- ZIP  | TITUSVILLE, FL 32796   |

U00000350317  
 05/02/05-80100-006 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  W.J. LITES, Sec. 4/25/05 321-268-8340  
Signature and typed or printed name of signing officer or director      Date      Day-Te-Pr-ic-#