


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90087 022 ****70.00

DOCUMENT # N08266					
1. Entity Name NEW COVENANT FELLOWSHIP, INC.					
Principal Place of Business 705 HARRISON ST TITUSVILLE, FL 32780 US			Mailing Address 705 HARRISON ST TITUSVILLE, FL 32780 US		
2. Principal Place of Business - No P.O. Box #			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	
DIAZ, ORLANDO 6620 SOUTH FORK ROAD TITUSVILLE, FL 32780				Name Robertson, Alexander	
				Street Address (P.O. Box Number is Not Acceptable) 705 Harrison Street	
				City Titusville FL Zip Code 32780	
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: <i>Alexander Robertson (President) A Robertson</i>				DATE: <i>1/24/07</i>	
Filing Fee is \$61.25 Due by May 1, 2007				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	VD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUTH, DAVID			NAME	
STREET ADDRESS	3050 SANDALWOOD LANE			STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE, FL 32780			CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROUSE, DWAYNE			NAME	
STREET ADDRESS	3900 MT. VERNON AVENUE			STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE, FL 32780			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLELLAN, CRAIG			NAME	
STREET ADDRESS	1180 BAYMEADOWS DR.			STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE, FL 32796			CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOOTE, FRED			NAME	
STREET ADDRESS	1511 GULDAHL DRIVE			STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE, FL 32780			CITY-ST-ZIP	
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ, ORLANDO			NAME	
STREET ADDRESS	6620 SOUTH FORK ROAD			STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE, FL 32780			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTSON, ALEXANDER			NAME	Robertson, Alexander
STREET ADDRESS	3300 KENTUCKY STREET			STREET ADDRESS	3300 Kentucky Street
CITY-ST-ZIP	TITUSVILLE, FL 32796			CITY-ST-ZIP	Titusville, FL 32796
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: <i>Alexander Robertson</i>				DATE: <i>1/24/07</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE AND PHONE NUMBER	

40009100



01152007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2741792 Applied For Not Applicable

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

Filing Fee is \$61.25 Due by May 1, 2007

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		
TITLE	VD	<input type="checkbox"/> Delete
NAME	LUTH, DAVID	
STREET ADDRESS	3050 SANDALWOOD LANE	
CITY-ST-ZIP	TITUSVILLE, FL 32780	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CROUSE, DWAYNE	
STREET ADDRESS	3900 MT. VERNON AVENUE	
CITY-ST-ZIP	TITUSVILLE, FL 32780	
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CITY-ST-ZIP	TITUSVILLE, FL 32780	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTSON, ALEXANDER	
STREET ADDRESS	3300 KENTUCKY STREET	
CITY-ST-ZIP	TITUSVILLE, FL 32796	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robertson, Alexander	
STREET ADDRESS	3300 Kentucky Street	
CITY-ST-ZIP	Titusville, FL 32796	

SIGNATURE: *Alexander Robertson* DATE: *1/24/07* PHONE: *321-544-0275*