
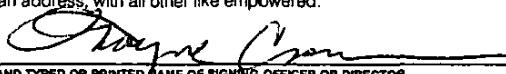


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90331 043 ****61.25

| | | | | | |
|--|------------------------|--|---|--|-----------------------------------|
| 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 | | 04012008 Chg-NP CR2E037 (12/06) | |
| Zip | | Country | | 4. FEI Number 59-2741792 | |
| | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | | 5. Certificate of Status Desired - <input type="checkbox"/> - \$8.75 Additional Fee Required | |
| ROBERTSON, ALEXANDER 705 HARRISON STREET TITUSVILLE, FL 32780 | | | | 7. Name and Address of New Registered Agent | |
| | | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 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 type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | ROBERTSON, ALEXANDER | | NAME | | |
| STREET ADDRESS | 3300 KENTUCKY STREET | | STREET ADDRESS | | |
| CITY-ST-ZIP | TITUSVILLE, FL 32796 | | CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | ROBERTSON, ALEXANDER | | NAME | | |
| STREET ADDRESS | 3300 KENTUCKY STREET | | STREET ADDRESS | | |
| CITY-ST-ZIP | TITUSVILLE, FL 32796 | | 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:  | | | | Date: 4/23/2008 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Daytime Phone # | |